



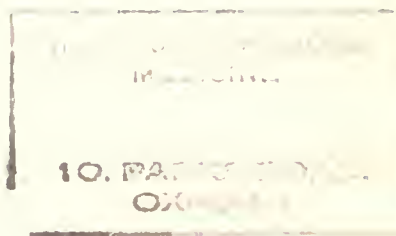
INSTITUTE OF SOCIAL
MEDICINE

10, PARK ROAD,
OXFORD

County Borough of Ipswich.

REPORT
of
THE MEDICAL OFFICER
OF HEALTH
and
SCHOOL MEDICAL OFFICER
for the Year 1950.

REGINALD LEADER, M.R.C.S., L.R.C.P., D.P.H.,
*Medical Officer of Health,
School Medical Officer,
Port Medical Officer.*



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County Borough of Ipswich.

PUBLIC HEALTH DEPARTMENT,

ELM STREET, IPSWICH.

*To the Mayor, Aldermen and Councillors of the
County Borough of Ipswich.*

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the health of Ipswich for the year 1950.

The population has again increased to 104,140 persons, and 1,861 births—the fourth highest number recorded for the town—while it is slightly lower than the previous year, represents a birth-rate of 17.87, considerably higher than that of 15.8 for the whole of the country.

The death-rate of 11.24, the third lowest credited to the town, is an improvement on last year, and is lower than the rate of 11.6 for England and Wales. The cancer death-rate of 2.00 is at first sight rather disturbing for it is the third highest to be recorded and the 209 deaths are actually the maximum recorded for Ipswich in any one year. The factor here, however, is the present better certification of deaths, representing more accurate diagnosis, and presumably more efficient treatment, and an analysis of the actual figures shows that the greatest incidence of the disease is in the two decades ages 65-85. The rate is therefore correlated to the longer expectation of life that now obtains.

It is pleasing to record that no death was associated with pregnancy and childbirth during the twelve months under review. This has happened once before, in 1945. The infant mortality rate of 25 compares favourably with that of 30 for England and Wales, but it is considerably higher than the excellent figure of last year, and I am afraid that there is a tendency for this rate to increase.

Few occupy a position of greater value to the community than the expectant mother, particularly if she already has a young family. There is still a great wastage of infant life, which amounts to some 45,000 a year in England and Wales, including 18,000 stillbirths, 15,000 neo-natal and 26,000 infant deaths. The fundamentals of domiciliary midwifery as I see it, are sufficient housing accommodation, freedom from economic anxiety, and adequate domestic help. Women in labour require the service of a skilled midwife, and in addition the resources of an obstetric service which includes a flying-squad equipped to deal with the emergencies of labour. It will be noted that the Local Health Authority is responsible for at least three of these essentials, and it is desirable that a balanced view is kept so that any one aspect of the service is not magnified out of all sense of proportion to its actual importance. Administrators, both medical and lay, need to consider very carefully the consequences for the community as a whole of any policy they initiate.

The year 1939 was an important one for the Ipswich Health Department, for under the Local Government Act, 1929, for instance, the functions of the Board of Guardians were transferred to the County Borough. Rather overshadowed perhaps by this event, Mr. R. Cuthill, your present senior dental officer, was appointed as an additional third whole-time Assistant Dental Officer so "that the Public Health Committee now undertook dental treatment for children under five years of age, and could complete the round of the schools under the year."

Since the importance of the fluorine-caries relationship was first appreciated, numerous studies have been undertaken to discover whether artificial fluorination of drinking water will reduce the amount of dental caries. It has been shown that with a fluoride concentration in the drinking water of 1 to 1.5 parts per million, the incidence of caries during the formative period of the teeth may be reduced by as much as 65%. (It has been asserted that if the ingestion of fluorine is to have an effect on the teeth it must take place during the period of tooth formation, i.e., during the first eight years of life). The effect of fluoride in this country in forming teeth, relative to caries resistance seems to be somewhat evanescent, and children with a previously low caries count may in later life acquire more caries than an average count despite the early and marked effect of fluoride. It has been held that it has still to be proven that fluorination affords more than temporary benefit.

You will appreciate the special interest of Ipswich in this matter, for with an average fluorine content of 0.3 parts per million, this town qualifies as one of the low fluorine areas of the country. It is with great pleasure, therefore, that I record the survey undertaken by officers of the Ministry of Health (Miss Jean Forrest and Dr. Parfitt) in conjunction with the health department during the year on this important question. This was in the nature of a pilot investigation and three towns in high fluorine areas were selected and compared with mothers and children in three low fluorine areas, one of the latter being Ipswich. To obtain groups of like social status, mothers attending ante-natal and infant welfare centres, and children attending day nurseries, infant welfare centres and nursery schools were examined, but only those born in, and who had spent their childhood in the district were examined. (In this connection it was found that only one mother in twenty attending the clinics came into this category, and at the most it was never more than one in five).

It was found that with regard to the adults in the high fluorine areas, the incidence of dental caries was lower in every age group examined. Secondly, a smaller proportion of the teeth were actually missing and the caries attack was less severe in the teeth which were present. There was apparently a delay of ten years in the onset of caries. With regard to the children under five, it was found that in the high fluorine areas as compared with the low fluorine areas, there was a reduction in dental caries incidence already apparent at from 2-3 years of age. This reduction amounted to as much as 59% at 2 years, 50% at 3 years, and 33% at 4 years. Further, in the high fluorine areas the proportion of children who were free from caries was definitely greater.

In 1949 the Establishment Committee agreed to an additional fourth dental officer for the department, and a part-time dental officer was engaged for two sessions per week from the 6th October, 1949, to the 31st March, 1950, as a full-time officer was not available. The post was not filled then for financial reasons, and no sum was allocated in the present year's estimate for filling this important post. This has meant that no orthodontic treatment has been provided in our service, and that both the annual inspection and treatments are gradually falling behind and are now some months in arrears. You will realise from this and the above how important it is that a town in a low fluorine area such as Ipswich should have an adequate dental service, having due regard to the expansion of the schemes for the care and treatment of children under the age of five years—and to the increase in the school and in the maternal populations of Ipswich since the year 1930.

An interesting development of the post-natal services this year has been the Women's Welfare Clinic which has proved of great value to a selected group of mothers and is more fully explained in the body of the report.

I bring to your notice the statistics on premature births on page 33, which show a survival rate of 90.7% for premature babies born at home as compared with the survival rate of 71.7% for those born in institutions. This

is not peculiar to Ipswich, for other towns with domiciliary midwifery services, allied to Part II training schemes have similar results, but it must be something of a shock to those who have accepted "in toto" the present popular creed of hospitalisation. An extract of this report has been published in the medical press.

It is regretted that the Management Committee do not apparently wish to continue with the arrangements mentioned in my introductory letter of last year's Annual Report, under which the Corporation's assistant medical officers of health undertook relief duties in the evenings and week-ends at the Isolation Hospital, and under which the deputy medical officer of health was resident at the hospital. This was of great value to the officers concerned and myself in their training in infectious diseases and in the correlation of the epidemiological work of the health department.

Last year I commented on the need for closer liaison of the three authorities under the National Health Service Act, 1946. It may not be appreciated that the Act is administered throughout England and Wales locally by some 714 authorities in all. These comprise 36 Boards of Governors, 14 Regional Hospital Boards, 374 Hospital Management Committees, 145 Local Executive Councils and 145 Local Health Authorities.

Other health functions in connection with control of infectious disease and environmental matters are also carried out by 1,439 local sanitary authorities, including the 83 County Boroughs already included amongst Local Health Authorities above. The School Health Service is conducted by 145 Local Education Authorities, the same as the Local Health Authorities above, and some 147 excepted districts for education, under the Education Act, 1944. These bodies have all their separate functions and no clearly defined methods of co-operation, if they exist, are very evident. It is pertinent to ask, therefore, how far can the Act really become an effective instrument for the prevention and treatment of illness until one body is responsible for all health purposes in each area?

The duty of prevention as well as after-care of tuberculosis still lies with the Local Health Authority and I therefore commend to you the short account of B.C.G. vaccination on page 71. It is generally agreed now that this vaccination, prepared from a non-poisonous strain of the tubercle bacillus, can do no harm, and when administrative arrangements permit it is desirable that this protection should be available to the children and others at special risk in the town, perhaps even eventually through the Authority's own clinics.

You will be aware of the many investigations being made into the various effects of an attack of maternal rubella during gestation, the nature and frequency of sequelae, their pathogenesis and the means of prevention. The problem is a definite and important one because of the congenital defects occurring among the children, and the Ministry of Health Medical Statistics Branch are anxious to conduct surveys in this country through the maternity and child welfare services on all children born of women who have suffered from the virus diseases of rubella, morbilli, epidemic parotitis, varicella or poliomyelitis at some time during pregnancy. Your maternity and child welfare services are participating in this, but as the scale of enquiry envisages the follow-up of the women concerned over a period of at least two years, the interesting results will not be immediately available.

Twenty-one years ago, when I qualified as a doctor, I remember the publication of the Asquith Memorandum and I note that on the 8th December of this year the Industrial Court made Award No. 2285. The Court's rejection of the "career" scale for Assistant Medical Officers, put forward with the deliberate intention of attracting recruits by the expectation that they would have a reasonable competence in their middle and later years if promotion did not

come their way, or if they preferred, to stay at the more clinical level of public health work, is perhaps a particular disappointment to the service. The fact is now more obvious than ever that local authorities which require competent and enthusiastic medical officers of health or deputies and senior assistants to guard the state of the local health, and to promote factors leading to positive health in the community will, in the future, have to find experienced candidates from an ever narrowing field unless there is a change of heart. Organised public health and preventive medicine have contributed so much to the way of life that they must continue and expand under whatever form of administration is eventually evolved. In my opinion the Award will have a deterrent effect on young medical graduates who might otherwise have wished to serve in the preventive medical services, and it will not assist in the recruitment of medical officers to the Authority's staff. I cannot help feeling that it will not be another 21 years before the next Award is announced.

I wish to record that on one occasion I have attended the Establishment and General Purposes Committee with regard to a special dental appointment, and on two other occasions the meetings of the Finance Committee at the time of the annual estimates. I am grateful for the assistance and help thus afforded.

I am conscious that I owe much to my colleagues and loyal staff, and I am grateful to the members of the committees who have always been so helpful during this period of office.

I have the honour to be,
Your obedient Servant,

REGINALD A. LEADER,
Medical Officer of Health.

July, 1951.

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SECTION A.

Members of Committees.
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Extracts from Vital Statistics.
Population.
Marriages.
Births.
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Maternal Mortality.
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Analysis of Infant Mortality.
Stillbirths.
Cancer.

COUNTY BOROUGH OF IPSWICH.

Public Health Committee:

(Constitution at 31st December, 1950).

THE MAYOR (Alderman C. CATCHPOLE)

Councillor Dr. P. WEINER (*Chairman*)

Alderman Mrs. M. WHITMORE
(*Vice-Chairman*)

Alderman Miss M. JEFFERIES

Councillor A. V. BISHOP

Councillor R. R. FRANCIS

Councillor Mrs. C. GREEN

Councillor H. A. H. HAMMOND

Councillor Miss B. M. HOSSACK

Councillor Mrs. M. J. KEEBLE

Councillor R. J. LEWIS

Councillor O. S. NUNN

Councillor G. V. K. BURTON

Councillor Mrs. D. E. ROPER

Councillor C. G. RUSHEN

Councillor C. G. WHEELER

Health (Welfare) Sub-Committee:

Alderman Mrs. M. WHITMORE (*Chairman*)

Councillor Dr. P. WEINER

(*Vice-Chairman*)

Alderman Miss M. JEFFERIES

Councillor R. R. FRANCIS

Councillor Miss B. M. HOSSACK

Councillor Mrs. C. GREEN

Councillor Mrs. M. J. KEEBLE

Councillor C. G. WHEELER

Co-opted members:—

Dr. R. O. EADES

Dr. D. W. FRYER

Mr. A. R. SAWARD

Public Health Officers of the Authority.

For the Year 1950.

MEDICAL STAFF (Whole Time).

Medical Officer of Health, and School Medical Officer.

R. A. LEADER, M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health, and School Medical Officer.

J. P. FOX, M.D., D.P.H. Resigned 25.6.1950.

C. H. SHAW, M.D., D.P.H., D.P.A.

Appointed 1.8.1950

Assistant Medical Officers of Health and Assistant School

Medical Officers:

Senior.

D. E. P. JOLLY, M.B., B.S., M.M.S.A., D.P.H.

Assistants.

G. M. G. SPENCER, M.A., M.R.C.S., L.R.C.P., D.P.H.

E. H. ANNELS, M.B., B.Ch., D.P.H. Appointed 1.7.50.

DENTAL SURGEONS.*Education and Public Health.**Senior Dental Surgeon.*

R. CUTHILL, L.D.S.

Assistant Dental Surgeons.

KATHERINE L. HARRIES, L.D.S., R.F.P.S.

J. R. TOLLER, L.D.S. M.Sc.D.

OTHER OFFICERS (Whole Time).*Chief Sanitary Inspector.*

H. L. BATY, 1, 2.

District Sanitary Inspectors.

G. ELLISON, 1, 2.

G. W. BAKER, 1, 2.

A. M. R. JONES, 1, 2.

H. P. SIMCO, 1, 2.

Resigned 5.3.1950.

Appointed 6.2.1950.

H. T. PIZZHEY, 1, 2.

D. NEWSON, 1.

L. J. MASSAM, 1, 2.

J. W. FINCH, 1, 2.

W. RICE JONES, 1, 2.

F. H. FARROW, 1, 2.

Resigned 1.1.1950.

Appointed 1.6.1950.

Supervisor of Rodent Operators.

W. S. TOWNES.

Superintendent Health Visitor.

Miss E. L. MARTIN, 3, 4, 5.

Health Visitors.

Miss F. M. CROSS, 3, 4, 5.

Miss M. E. WYARTT, 3, 5.

„ M. E. WALLER, 3, 4, 5.

„ M. E. HEWITT, 3, 4, 5.

„ S. S. DEMPSIE, 3, 4, 5.

„ A. TAYLOR, 3, 4, 5.

„ E. WIGLESWORTH, 3, 4, 5.

„ E. M. LAWRY, 3, 5.

„ P. W. BLANCH, 3, 4, 5.

Mrs. A. HORNE, 3, 4, 5.

„ F. OWEN, 3, 4, 5.

Resigned 16.12.1950.

Appointed 1.5.1950.

Mrs. I. M. MARTIN, 3, 4, 5.

Appointed 16.8.1950.

Supervisor of Midwives.

Miss M. D. DOWN, 3, 4, 7.

Municipal Midwives.

Miss H. M. MAUN, 3, 4.

Miss M. C. READ, 3, 4.

„ H. M. MOORE, 4.

Appointed 1.1.1950.

„ F. R. PANNIFER, 3, 4.

Resigned 31.12.1950.

„ F. M. FROST, 3, 4.

„ K. R. FELTON, 3, 4.

„ F. A. M. TAYLOR, 3, 4.

„ G. J. RAWLINS, 3, 4.

„ R. MAXWELL, 3, 4.

„ R. LARTER, 3, 4.

„ A. LEWIS, 3, 4.

„ D. B. BOXER, 3, 4.

„ F. S. MILLS, 3, 4.

„ P. M. GIRLING, 3, 4.

Appointed 1.1.1950.

Appointed 1.4.1950.

Resigned 17.4.1950.

„ B. A. H. GOODEY, 3, 4.

Appointed 17.4.1950.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY—continued.

Orthoptist:

Mrs. M. J. KERNAN. Resigned 31.10.1950.

Speech Therapist:

Miss J. LILLYWHITE.

Home Nursing Service:

Superintendent: Mrs. M. L. NEAL, (3) and staff equivalent to 15 whole-time.

Ambulance Service:

Ambulance Officer: J. BEDFORD, and staff of 16.

Domestic Help Service:

Organiser: Mrs. D. JONES, Appointed 8.5.1950
and staff equivalent to 20 whole-time.

Mental Health Services:

Mental Health Services Officer: Miss V. M. BURDETT.

Duly Authorised Officer: H. G. ORME, D.P.A.,
and 3 part time Duly Authorised Officers.

Matron, Montrose Day Nursery:

Mrs. K. M. SMYTHE, 3.

Home Sister, Nurses Home:

Miss C. E. CURRAN, 3, 4.

Chief Clerk:

H. M. COLES.

First Administrative Assistant: A. TRENHOLM.

Second Administrative Assistant: H. STEPHENSON.

Sectional Senior Clerks: B. H. GREENE, Miss P. A. M. HAMMOND,
I. HUTCHINSON, Mrs. L. E. LEWIS, Miss G. N. PARKER and
S. M. WARDLAW.

Nineteen whole-time, 1 part-time General Division Clerical Staff and 2 part-time Clinic Clerks.

1.—Sanitary Inspectors Certificate

2.—Meat Inspectors Certificate.

3.—State Registered Nurses.

4.—State Certified Midwife.

5.—Health Visitors Certificate R.S.I.

6.—State Registered Fever Nurse.

7.—Midwives Teachers Certificate

VITAL STATISTICS FOR THE YEAR 1950.

Area of the County Borough (including the fresh water river)					8,692 acres
Rateable value as at the 31st March, 1950 ...					£693,858
Last ascertained product of 1d. rate (financial year 1949-50)					£2,785
No. of hereditaments described in the rate book as "inhabitable dwellings" as at the 31st March, 1950					30,705
Estimated Civilian Population (R.G.'s Estimate Mid Year 1950)					104,140
LIVE BIRTHS		Total.	M.	F.	} Birth Rate per 1,000 of the estimated civilian population 17.87
	Legitimate	1,764	911	853	
	Illegitimate	97	40	57	
	Total	1,861	951	910	
STILLBIRTHS					} Rate per 1,000 total (live and still) births, 14.82
	Legitimate	25	14	11	
	Illegitimate	3	1	2	
	Total	28	15	13	
DEATHS (Civilians) ... 1,171					573
					598
					} Death-rate per 1,000 of the estimated civilian population 11.24.
Deaths from puerperal causes:					
					Rate per 1,000 total Deaths. (live and still) births
Puerperal Sepsis ...					-
Other Maternal causes ...					-
Total ...					-
Death-rate of Infants under one year of age:					
All Infants per 1,000 live births					25.0
Legitimate Infants per 1,000 legitimate live births ...					24.7
Illegitimate Infants per 1,000 illegitimate live births ...					10.0
					Males. Females. Total.
Deaths from	Cancer (all ages) ...	...	103	106	209
"	Measles (all ages) ...	...	-	-	-
"	Whooping Cough (all ages) ...	...	-	-	-
"	Diarrhoea (under 2 years of age) ...	...	1	-	1
"	Diphtheria (all ages) ...	...	2	-	2

POPULATION.

I append Tables giving the Census populations and the Registrar-General's estimates for recent years.

CENSUS POPULATIONS.

Year.	Census Populations.			Population Increases					Females per 1,000 Males.
	Males.	Females.	Persons.	Total Increases	Per cent. Proportions.	Natural Increases	Migrations.		
							Inward.	Outward.	
1801	4,984	6,293	11,277	—	—	—	—	—	1,262
1811	6,064	7,606	13,670	2,393	21.2	—	—	—	1,254
1821	7,831	9,355	17,186	3,516	25.6	—	—	—	1,194
1831	9,169	11,032	20,201	3,015	17.5	—	—	—	1,203
1841	11,894	13,490	25,384	5,185	25.6	—	—	—	1,134
1851	15,474	17,440	32,914	7,530	29.6	2,822	4,708	—	1,127
1861	17,667	20,283	37,950	5,036	15.3	4,075	961	—	1,148
1871	20,047	22,900	42,947	4,997	13.1	4,373	624	—	1,143
1881	23,608	26,712	50,320	7,373	17.1	5,290	2,083	—	1,131
1891	26,658	30,712	57,360	7,040	13.9	7,033	7	—	1,151
1901	31,181	35,449	66,630	9,270	16.1	6,610	2,660	—	1,136
1911	34,980	38,952	73,932	7,302	10.9	8,232	—	930	1,113
1921	37,359	42,012	79,371	5,439	7.4	5,979	—	540	1,124
1931	41,285	46,217	87,502	8,131	10.2	5,616	2,515	—	1,119

REGISTRAR-GENERAL'S ESTIMATES.

(At the 30th June, of each year).

Year.	Persons.	Year.	Persons	Year	Persons
1931	87,770	1938	95,070	1945	88,920*
1932	88,700	1939	96,500	1946	97,010*
1933	89,070	1940	91,230*	1947	100,460*
1934	90,157	1941	84,950*	1948	102,100
1935	91,400	1942	85,210*	1949	103,800
1936	92,470	1943	86,290*	1950	104,140
1937	93,870	1944	87,290*		

* Civilians only.

MARRIAGES.

The number of marriages registered in Ipswich in 1950 was 942.

The following is a Table showing the number of marriages and the marriage rate since 1841:—

Periods.	No. of Marriages.	Marriage rates per 1000 living.	
		Ipswich.	England & Wales.
1841—1850	2,815	19.43	16.1
1851—1860	3,302	18.70	16.9
1861—1870	3,550	17.64	16.6
1871—1880	4,143	17.77	16.2
1881—1890	4,152	15.37	14.9
1891—1900	4,777	15.43	15.6
1901—1910	5,209	14.86	15.5
1911—1920	6,819	17.83	16.6
1921—1930	6,740	16.20	15.5
1931—1940	8,396	18.49	17.7
1941—1950	8,994	18.94	17.1
1841—1845	1,239	18.29	15.7
1846—1850	1,576	20.42	16.5
1851—1855	1,689	19.84	17.1
1856—1860	1,613	17.65	16.7
1861—1865	1,790	18.35	16.8
1866—1870	1,760	16.96	16.4
1871—1875	2,072	18.56	17.1
1876—1880	2,071	17.04	15.3
1881—1885	2,170	16.59	15.2
1886—1890	1,982	14.22	14.7
1891—1895	2,326	15.60	15.1
1896—1900	2,451	15.28	16.1
1901—1905	2,560	14.99	15.6
1906—1910	2,649	14.73	15.3
1911—1915	3,201	16.94	16.4
1916—1920	3,618	18.70	16.8
1921—1925	3,316	16.34	15.7
1926—1930	3,424	16.06	15.4
1931—1935	3,650	16.32	16.2
1936—1940	4,746	20.65	19.2
1941—1945	4,241	19.14	16.7
1946—1950	4,753	18.74	17.6
*1940	1,175	25.75	22.5
*1941	919	21.63	18.6
*1942	942	22.11	17.7
*1943	665	15.41	14.1
*1944	753	14.96	14.3
*1945	962	21.62	18.7
*1946	922	19.00	17.9
*1947	1,017	20.24	18.6
1948	967	18.94	18.2
1949	905	17.44	17.0
1950	942	18.09	16.3

* Based on Civilian populations

The highest marriage-rate recorded in Ipswich was 25.75 in 1940 (based on civilian population only), and the lowest, 13.0 in 1887.

BIRTHS.

1,861 births were registered in Ipswich in 1950 as compared with 1,932 in the previous year.

The births and birth-rates are set forth in the following Table:—

Periods.	Number.			Rates per 1,000 population.	
	Males.	Females.	Persons	Ipswich.	England and Wales.
1841—1850	4,783	4,608	9,391	32.4	32.6
1851—1860	6,088	5,837	11,925	33.7	34.1
1861—1870	6,805	6,488	13,293	33.0	35.2
1871—1880	8,005	7,606	15,611	33.4	35.4
1881—1890	8,619	8,485	17,104	31.6	32.4
1891—1900	9,058	8,723	17,787	28.7	29.9
1901—1910	9,586	9,212	18,798	26.8	27.2
1911—1920	8,436	8,102	16,538	21.6	21.8
1921—1930	7,602	7,396	14,998	18.0	18.3
1931—1940	6,961	6,704	13,665	14.9	14.9
1941—1950	9,391	8,480	17,871	18.9	16.9
1841—1845	2,036	2,056	4,092	30.2	32.3
1846—1850	2,747	2,552	5,299	34.3	32.8
1851—1855	2,914	2,864	5,778	33.9	33.9
1856—1860	3,174	2,973	6,147	33.6	34.4
1861—1865	3,308	3,144	6,452	33.0	35.1
1866—1870	3,497	3,311	6,841	32.9	35.3
1871—1875	3,820	3,616	7,466	33.4	35.5
1876—1880	4,185	3,960	8,145	33.5	35.3
1881—1885	4,258	4,230	8,488	32.4	33.5
1886—1890	4,361	4,255	8,616	30.9	31.4
1891—1895	4,444	4,339	8,783	29.4	30.5
1896—1900	4,614	4,390	9,004	28.0	29.3
1901—1905	4,899	4,719	9,618	28.1	28.2
1906—1910	1,687	4,493	9,180	25.5	26.3
1911—1915	4,181	4,271	8,752	23.1	23.6
1916—1920	3,955	3,831	7,786	20.1	20.1
1921—1925	3,829	3,883	7,712	19.0	19.9
1926—1930	3,773	3,513	7,286	17.1	16.7
1931—1935	3,395	3,310	6,705	14.9	15.0
1936—1940	3,566	3,394	6,960	14.8	14.8
1941—1945	4,089	3,617	7,706	17.8	15.9
1946—1950	5,302	4,863	10,165	20.0	18.0
1938	752	707	1,459	15.4	15.1
1939	705	701	1,409	14.6	14.9
* 1940	672	649	1,321	14.5	14.5
* 1941	664	625	1,289	15.2	14.1
* 1942	745	692	1,437	16.8	15.6
* 1943	767	653	1,420	16.5	16.2
* 1944	932	842	1,774	20.3	17.5
* 1945	981	805	1,786	20.1	16.1
* 1946	1,107	1,138	2,245	23.1	19.1
* 1947	1,276	1,005	2,281	22.7	20.5
* 1948	969	877	1,846	18.0	17.9
* 1949	999	933	1,932	18.66	16.7
* 1950	951	910	1,861	17.87	15.8

*Based on Civilian Population.

ANNUAL NUMBER OF BIRTHS BY SEX AND LEGITIMACY.

The local experience since 1921 is shown thus:—

Year.	Legitimate.			Illegitimate.			All Births.			Males per 1,000 Females
	M.	F.	P.	M.	F.	P.	M.	F.	P.	
1921	808	831	1,639	36	49	85	844	880	1,724	959
1922	731	777	1,508	42	36	78	773	813	1,586	958
1923	751	733	1,487	28	33	61	782	766	1,548	1,021
1924	700	669	1,369	35	29	64	735	698	1,433	1,053
1925	661	695	1,356	34	31	65	695	726	1,421	957
1926	748	735	1,483	29	28	57	777	763	1,540	1,018
1927	689	665	1,354	40	22	62	729	687	1,416	1,061
1928	736	625	1,361	32	31	63	768	656	1,424	1,170
1929	694	678	1,372	31	35	66	725	713	1,438	1,017
1930	742	669	1,411	32	25	57	774	694	1,468	1,115
1921-1930	7,263	7,077	14,340	339	319	658	7,602	7,396	14,998	1,028
1931	668	635	1,303	34	34	68	702	669	1,371	1,049
1932	641	656	1,297	30	36	66	671	692	1,363	969
1933	625	581	1,206	35	33	68	660	614	1,274	1,075
1934	632	599	1,231	25	35	60	657	634	1,291	1,036
1935	672	664	1,336	33	37	70	705	701	1,406	1,005
1936	677	645	1,322	24	32	56	701	677	1,378	1,035
1937	696	626	1,322	40	31	71	736	657	1,393	1,120
1938	728	672	1,400	24	35	59	752	707	1,459	1,064
1939	666	669	1,335	39	35	74	705	704	1,409	1,001
1940	637	607	1,244	35	42	77	672	649	1,321	1,035
1931-1940	6,642	6,354	12,996	319	350	669	6,961	6,704	13,665	1,038
1941	624	586	1,210	40	39	79	664	625	1,289	1,062
1942	693	638	1,331	52	54	106	745	692	1,437	1,076
1943	715	610	1,325	52	43	95	767	653	1,420	1,174
1944	832	753	1,585	100	89	189	932	842	1,774	1,107
1945	847	688	1,535	134	117	251	981	805	1,786	1,218
1946	1,024	1,017	2,041	83	121	204	1,107	1,138	2,245	972
1947	1,205	941	2,146	71	64	135	1,276	1,005	2,281	1,269
1948	904	817	1,721	65	60	125	969	877	1,846	1,105
1949	947	887	1,834	52	46	98	999	933	1,932	1,070
1950	911	853	1,764	40	57	97	951	910	1,861	1,045
1941-1950	8,702	7,790	16,492	689	690	1379	9391	8,480	17,871	1,107

DEATHS.

DEATHS AT THE VARIOUS AGE GROUPS DURING 1950.

	Under 1 year	1 and under 5	5 and under 15	15 and under 45	45 and under 65	65 and upwards	Total all ages
Males	28	6	3	40	134	362	573
Females	18	2	2	41	105	430	598
Persons	46	8	5	81	239	792	1171

The age distribution of the deaths was very much the same as for 1949. Deaths of persons of 65 years of age and upwards accounted for 68.06% of the deaths (1949 = 68.1%).

DEATHS FROM ALL CAUSES, 1950.

CAUSE OF DEATH.	Males	Females	Total
Typhoid and Paratyphoid Fever ...	—	—	—
Cerebro-Spinal Fever ...	—	1	1
Scarlet Fever ...	—	—	—
Whooping Cough ...	—	—	—
Diphtheria ...	2	—	2
Tuberculosis of Respiratory System ...	13	12	25
Other Tuberculosis ...	1	3	4
Syphilis ...	3	1	4
Influenza ...	2	2	4
Measles ...	—	—	—
Ac. Poliomyel. and Polio Enceph. ...	—	—	—
Ac. Inf. Enceph. ...	—	—	—
Cancer ...	103	106	209
Diabetes ...	—	5	5
Cerebral Haemorrhage, etc. ...	64	89	153
Heart Disease ...	190	218	408
Other Circulatory Diseases ...	23	19	42
Bronchitis ...	37	18	55
Pneumonia (all forms) ...	11	17	28
Other Respiratory Diseases ...	12	4	16
Ulcer of Stomach or Duodenum ...	10	3	13
Diarrhoea, under 2 years ...	1	—	1
Appendicitis ...	—	—	—
Other Digestive Diseases ...	1	3	4
Nephritis ...	3	9	12
Puerperal Sepsis ...	—	—	—
Other Maternal Causes ...	—	—	—
Premature Birth ...	8	6	14
Con. Mal., Birth Inj., Infant Dis. ...	5	6	11
Suicide ...	3	8	11
Road Traffic Accidents ...	6	1	7
Other Violent Causes ...	17	11	28
All Other Causes ...	58	56	114
TOTAL ALL CAUSES ...	573	598	1,171

It will be seen from this Table that heart diseases (including other Circulatory diseases) accounted for the greatest number of deaths (38.4%), the next highest is Cancer (17.9%), followed by Cerebral Haemorrhage, etc. (13%).

There is little difference from the experience of 1949 when Heart diseases accounted for 39% and Cancer 15.4%.

DEATHS AND DEATH-RATES FROM ALL CAUSES AT ALL AGES.

The following Table shows the crude death-rates, decennial and quinquennial, since 1841, and annual since 1938, recorded for Ipswich and compared with the corresponding rates for England and Wales.

Periods.	No. of Deaths (Ipswich).			Death-rates per 1000 Population					
				Males.		Females.		Persons.	
	M	F.	P.	Ipswich	E. & W.	Ipswich	E. & W.	Ipswich	E. & W.
1841—1850	3,245	3,324	6,569	23.86	23.1	21.62	21.6	22.67	22.4
1851—1860	3,863	3,987	7,850	23.39	23.1	21.22	21.4	22.24	22.2
1861—1870	4,440	4,480	8,920	23.66	23.7	20.84	21.4	22.16	22.5
1871—1880	5,273	5,044	10,317	24.15	22.7	20.34	20.1	22.12	21.4
1881—1890	5,053	5,016	10,069	20.02	20.3	17.43	18.1	18.64	19.1
1891—1900	5,649	5,529	11,178	19.56	19.3	16.74	17.1	18.06	18.2
1901—1910	5,335	5,231	10,566	16.17	16.4	14.09	14.4	15.07	15.4
1911—1920	5,270	5,283	10,553	14.56	15.9	13.10	13.0	13.19	14.3
1921—1930	4,604	4,778	9,382	11.76	12.9	10.88	11.4	11.29	12.1
1931—1940	5,176	5,486	10,662	12.74	—	11.55	—	12.15	12.2
1941—1950	5,494	5,467	10,961	12.25	—	11.16	—	11.70	11.7
1841—1845	1,402	1,417	2,819	22.07	22.1	19.70	20.6	20.81	21.4
1846—1850	1,843	1,907	3,750	25.43	24.1	23.43	22.6	24.30	23.3
1851—1855	1,989	1,971	3,960	24.90	23.5	21.80	21.8	23.26	22.7
1856—1860	1,874	2,016	3,890	21.97	22.6	20.69	21.0	21.29	21.8
1861—1865	2,235	2,314	4,549	24.59	23.7	22.21	21.5	23.32	22.6
1866—1870	2,205	2,166	4,371	22.79	23.7	19.56	21.2	21.07	22.4
1871—1875	2,586	2,440	5,026	24.78	23.3	20.52	20.7	22.51	22.0
1876—1880	2,687	2,604	5,291	23.58	22.1	20.16	19.5	21.76	20.8
1881—1885	2,496	2,505	5,001	20.37	20.5	18.01	18.3	19.12	19.4
1886—1890	2,557	2,511	5,068	19.69	20.0	16.88	17.8	18.19	18.9
1891—1895	2,841	2,760	5,601	20.46	19.8	17.32	17.7	18.78	18.7
1896—1900	2,808	2,769	5,577	18.73	18.8	16.20	16.6	17.38	17.7
1901—1905	2,692	2,636	5,328	16.80	17.1	14.55	15.0	15.60	16.0
1906—1910	2,643	2,595	5,238	15.57	15.6	13.66	13.8	14.56	14.7
1911—1915	2,765	2,597	5,362	15.43	15.4	13.06	13.2	14.19	14.3
1916—1920	2,505	2,686	5,191	13.71	16.5	13.14	12.8	13.41	14.4
1921—1925	2,200	2,330	4,530	11.53	13.0	10.87	11.4	11.18	12.2
1926—1930	2,404	2,448	4,852	11.98	12.9	10.89	11.4	11.40	12.1
1931—1935	2,426	2,648	5,074	11.50	12.7	11.21	11.4	11.34	12.0
1936—1940	2,750	2,838	5,588	12.41	—	11.46	—	11.93	12.4
1941—1945	2,691	2,662	5,353	13.07	—	11.65	—	12.37	11.8
1946—1950	2,803	2,805	5,608	11.42	—	10.67	—	11.04	11.5
1938	546	525	1,071	12.17	—	10.46	—	11.27	11.6
1939	543	574	1,117	11.90	—	11.22	—	11.54	12.1
*1940	615	624	1,269	14.98	—	12.95	—	13.96	13.9
*1941	569	544	1,113	14.19	—	12.13	—	13.16	12.8
*1942	512	529	1,041	12.74	—	11.76	—	12.25	11.5
*1943	510	515	1,025	12.01	—	11.30	—	11.65	11.9
*1944	528	538	1,066	12.82	—	11.67	—	12.24	11.6
*1945	572	536	1,108	13.62	—	11.41	—	12.51	11.4
*1946	514	506	1,020	11.23	—	9.87	—	10.51	11.5
*1947	570	598	1,168	12.02	—	11.26	—	11.62	12.0
1948	539	515	1,054	11.18	—	9.55	—	10.32	10.8
1949	607	588	1,195	11.70	—	11.30	—	11.51	11.7
1950	573	598	1,171	11.00	—	11.4	—	11.24	11.6

*Civilians only.

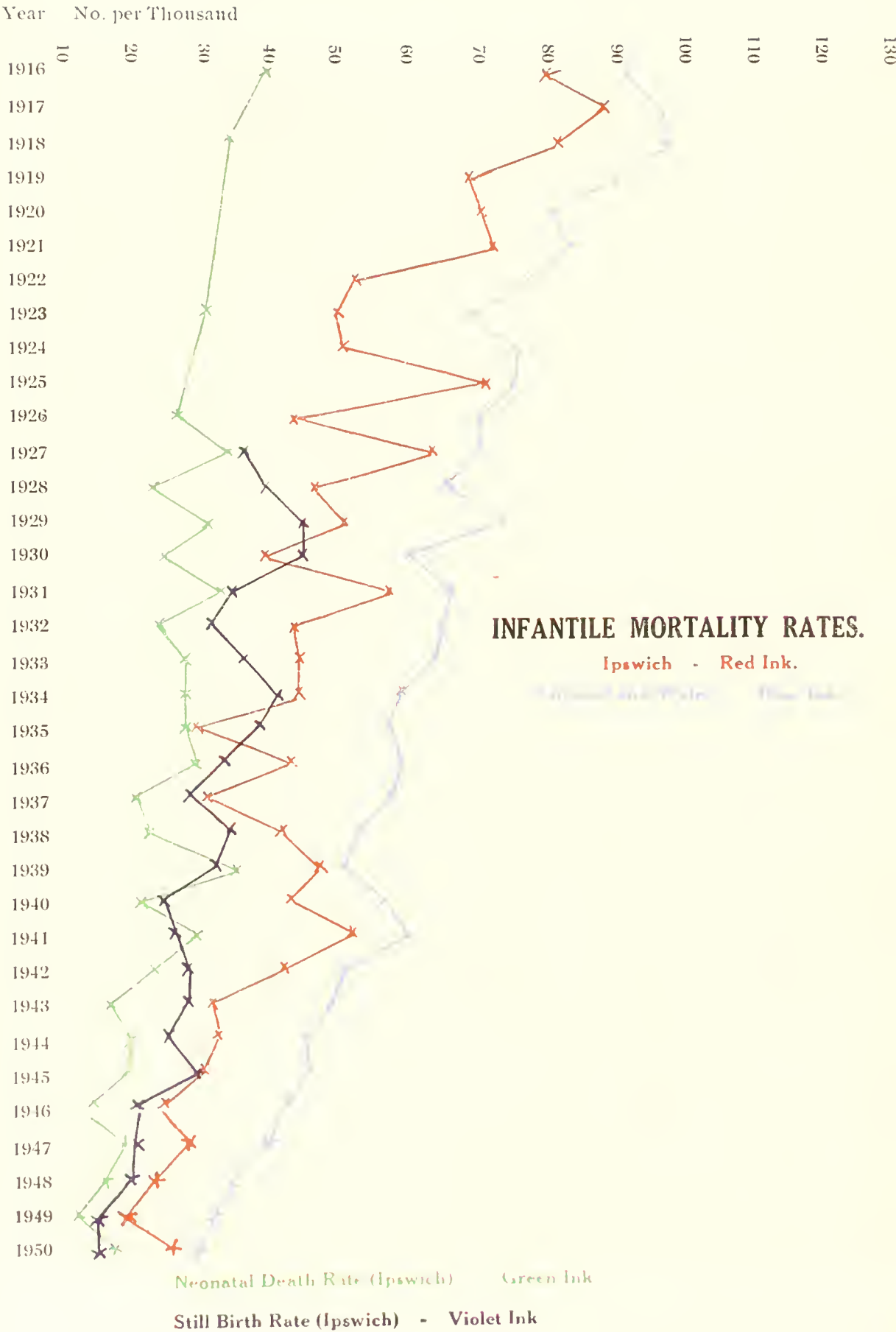
The number of deaths registered in 1950 was 1,171 and the death-rate was 11.24. This rate compares favourably with that for the country as a whole.

PUERPERAL MORTALITY.

No deaths were associated with Pregnancy and Childbirth in 1950.

The Puerperal death-rates per 1,000 births are set forth in the following Table:—

Periods.	Puerperal Fever.	Puerperal Hæmorrhage.	Puerperal Convulsions	All other Conditions.	Total all causes.	
					No.	Rates.
1841—1850	1.81	.42	.53	1.71	42	4.47
1851—1860	1.00	.17	1.00	1.60	45	3.77
1861—1870	.90	.45	.52	1.51	45	3.38
1871—1880	1.53	.57	.25	1.72	64	4.09
1881—1890	2.16	.52	.41	1.41	77	4.50
1891—1900	1.57	.50	.22	1.92	75	4.21
1901—1910	.63	1.07	.63	1.44	70	3.72
1911—1920	1.39	.60	.97	1.33	71	4.29
1921—1930	2.20	.53	.66	.66	61	4.06
1931—1940	14.06	.64	.57	1.02	50	3.65
1941—1950	1.90	1.91	—	3.15	11	6.46
1931	1.45	—	—	.73	3	2.18
1932	—	.73	.73	2.20	5	3.66
1933	1.56	.78	.78	.78	5	3.92
1934	4.64	—	—	1.54	8	6.19
1935	.71	—	—	1.42	3	2.13
1936	1.45	1.45	1.45	1.45	8	5.80
1937	.71	1.43	1.43	1.43	7	5.02
1938	.66	—	.66	—	2	1.32
1939	.67	1.34	.67	—	4	2.68
1940	2.21	.73	—	.73	5	3.68
1941	—	—	—	.75	1	0.75
1942	.67	—	—	—	1	0.67
1943	.68	1.36	—	—	3	2.04
1944	.55	.55	—	—	2	1.10
1945	—	—	—	—	—	—
1946	—	—	—	.43	1	0.43
1947	—	—	—	.43	1	0.43
1948	—	—	—	.53	1	0.53
1949	—	—	—	.51	1	0.51
1950	—	—	—	—	—	0.00



INFANT MORTALITY.

The Table gives the numbers of Infant deaths and the Infant Mortality rates since 1841:—

Period	No. of Deaths.			Infant Death Rates.						Female
	Males.	Fmsl.	Infants	Males.		Females.		Infants.		Infant Deaths per 1,000 Male.
				Ips.	R.&W.	Ips.	R.&W.	Ips.	R.&W.	Ipswich.
1841—1850	913	743	1,656	190	167	161	137	176	153	812
1851—1860	1,122	931	2,053	184	168	159	139	172	154	829
1861—1870	1,141	982	2,123	167	168	151	139	159	154	861
1871—1880	1,369	1,024	2,393	171	163	134	134	152	149	748
1881—1890	1,327	1,004	2,331	153	155	118	128	136	142	756
1891—1900	1,582	1,181	2,763	174	168	135	138	155	153	746
1901—1910	1,322	1,044	2,366	138	140	113	114	126	128	789
1911—1920	889	615	1,504	105	112	76	89	91	100	691
1921—1930	496	343	839	65	81	46	63	56	72	691
1931—1940	332	277	609	47	—	41	—	44	58	833
1941—1950	349	214	563	39	—	26	—	32	43	635
1841—1845	361	296	657	176	162	143	133	160	148	815
1846—1850	552	447	999	201	172	175	142	188	157	809
1851—1855	550	453	1,003	188	172	158	141	173	156	823
1856—1860	572	478	1,050	180	166	160	137	171	152	835
1861—1865	567	492	1,059	171	166	156	136	164	151	867
1866—1870	574	490	1,064	164	170	146	142	155	157	855
1871—1875	647	487	1,134	169	167	133	138	152	153	752
1876—1880	722	537	1,259	172	159	135	130	154	145	744
1881—1885	647	496	1,143	152	152	117	125	134	139	766
1886—1890	680	508	1,188	155	159	119	131	138	145	747
1891—1895	763	559	1,322	171	165	128	135	150	151	732
1896—1900	819	622	1,441	177	170	141	141	160	156	759
1901—1905	763	605	1,368	155	151	128	124	142	138	792
1906—1910	559	439	998	119	129	97	105	109	117	785
1911—1915	525	365	890	115	121	85	97	101	110	695
1916—1920	364	250	614	92	101	65	79	78	90	686
1921—1925	274	197	471	71	86	50	66	61	76	718
1926—1930	222	146	368	58	77	41	59	50	68	657
1931—1935	148	159	307	43	70	48	54	45	62	1074
1936—1940	184	118	302	51	—	34	—	43	55	641
1941—1945	193	110	303	48	—	31	—	40	50	569
1946—1950	156	104	260	29	—	21	—	25	36	701
1938	43	21	64	57	—	30	—	44	53	488
1939	36	34	70	48	—	46	—	47	50	944
1940	43	17	60	63	—	26	—	45	55	395
1941	44	26	70	68	—	43	—	56	59	591
1942	38	26	64	51	—	38	—	44	49	684
1943	32	17	49	42	—	26	—	34	49	531
1944	39	23	62	42	—	27	—	35	46	589
1945	40	18	58	40	—	22	—	32	46	450
1946	33	31	64	29	—	27	—	28	43	939
1947	42	27	69	32	—	26	—	30	41	812
1948	29	15	44	30	—	17	—	24	34	566
1949	23	13	36	23	—	14	—	18	32	565
1950	29	18	47	32	—	20	—	25	30	621

The infant death-rate for 1950 is higher than that for 1949 but compares very favourably with the rate for England and Wales.

ANALYSIS OF INFANT MORTALITY, 1950.

The Infant death-rate for 1950 was 25. The rate for England and Wales was 30. The following figures are based on the available local Statistics (In one case there was insufficient data for complete classification).

Neonatal Deaths.	Deaths over 1 month.	Total Infant Deaths.
Males 18 } Females 15 } 33	13	46

(1) NEONATAL—OR DEATHS UNDER 1 MONTH.

The Neonatal death-rate was 17.7 and the causes were as follows:—

Prematurity.	Malformations.	Erythroblastosis	Birth Injury.	Infection	Accident	Atelectasis.
14	5	1	11	1	1	—

Premature Births.					
Weights.			Age at Death.		
— 2 lbs.	...	2	— 24 hours	...	11
— 3 lbs.	...	5	— 7 days	...	3
— 4 lbs.	...	4	— 1 month.	...	—
— 5½ lbs.	...	3			

Malformations.			
Anencephalic	Multiple Deformities.	Hydrocephalus.	Congenital Heart.
1	2	1	1

(2) DEATHS OF INFANTS OVER 1 MONTH.

Age at death:

Under 2 mths.	3 mths.	4 mths.	5 mths.	6 mths.	7 mths.	8 mths.	9 mths.	10 mths.	11 mths.	12 mths.
3	4	—	2	2	—	1	—	—	1	—

Sex:—

Males.	Females.
10	3

Cause of Deaths:—

Group Cause.	Specific Disease.	Total.
Infections.	Broncho Pneumonia 3	6
	Peritonitis ... 1	
	Gasto-Enteritis 2	
Congenital Defects.	Fibrocystic Disease ... 1	3
	Hydrocephalus ... 1	
	Congenital Heart. ... 1	
Accident.	Asphyxia ... 4	4

One infant lost his life by the inhalation into the breathing passage of material he had vomited, two from burying their faces in pillows and one 'cause not found' (inquest).

STILL-BIRTHS.

There were 28 still-births in Ipswich in 1950, giving a rate per 1,000 of the total births of 14.82 as compared with 14.3 in 1949.

ANALYSIS.

(1) GENERAL.

Total Number.	Illegitimate.	Rate per 1,000. Live and Still-births
28	3	14.82

(2) SEX.

Males.	Females.
15	13

(3) MATURITY.

Full Term.	Premature.					Not Stated.
	-1 lb.	1-2 lbs.	2-3 lbs.	3-4 lbs.	4-5½ lbs.	
15	—	1	2	1	8	1

(4) PLACE IN FAMILY.

1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	Not Stated.
6	12	6	2	1	—	—	—	—	—	—	1

(5) ANTE-NATAL SUPERVISION.

Hospital	Doctor.	Municipal Clinic.	No Ante-natal Care	Not Stated.
5	20	2	—	1

(6) PLACE OF BIRTH.

Place.		Cases delivered.	Still-births.	Rate.
Hospital.	East Suffolk Hospital	55	3	5.4%
	Borough General Hospital	241	11	4.5%
	Other Hospitals	—	1	—
Maternity Homes.	Ipswich Maternity Home	420	3	0.7%
	Other Maternity Homes	—	1	—
Domiciliary.	Doctors' Booked cases	655	8	1.2%
	Midwives' Booked cases	406	1	0.24%
	Emergency cases	—	—	—

Of the 28 stillbirths there were:—

Forceps delivery	...	7
Caesarian Section	...	1
Not Stated	...	1

(7) ASSOCIATED CONDITIONS.

Maternal Abnormalities.	Foetal Abnormalities.	Difficult Labour.	No obvious cause.	Not Stated.
10	3	12	1	2

(a) *Maternal Abnormalities*:—

Nephritis 1, Diabetes 2, Ante-partum haemorrhage 1, Hydramnios 2, Toxæmia 2, Placenta Praevia 1, Post-maturity 1.

(b) *Foetal Abnormalities*:—

Anencephalic 2, Hydrocephalic 1.

(c) *Difficult Labour*:—

Breech 5, Delayed second stage 2, Disproportion 2, Transverse lie 1, Shoulder presentation 1, Prolapse of cord 1.

(8) CONDITION OF FOETUS.

Fresh	...	...	17
Macerated	...	...	10
Not Stated	...	...	1

CANCER.

In presenting the following report upon Cancer statistics the local figures have been utilized.

A total of 209 deaths (106 males and 103 females) were ascribed to Cancer during 1950 as compared with 192, 168, 186 and 184 respectively in the four preceding years.

17.8% of the deaths from all causes were due to Cancer.

56 males and 63 females dying from Cancer were over 65 years of age.

The following Table shows the deaths and death-rates from cancer since 1841:—

Period.	Numbers and Death-rates.					
	Males.		Females.		Persons.	
	No.	Rates.	No.	Rates.	No.	Rates.
1841—1850	12	.08	50	.32	62	.21
1851—1860	21	.12	80	.42	101	.28
1861—1870	47	.25	143	.66	190	.47
1871—1880	96	.43	193	.77	289	.61
1881—1890	115	.45	243	.84	358	.66
1891—1900	182	.63	299	.90	481	.77
1901—1910	290	.87	413	1.11	703	1.00
1911—1920	399	1.10	562	1.39	961	1.25
1921—1930	523	1.33	694	1.58	1217	1.46
1931—1940	696	1.62	887	1.83	1583	1.72
1941—1950	883	1.84	889	1.85	1772	1.84
1841—1845	4	.06	24	.33	28	.20
1846—1850	8	.11	26	.31	34	.22
1851—1855	12	.15	43	.47	55	.32
1856—1860	9	.10	37	.38	46	.25
1861—1865	12	.13	77	.74	89	.45
1866—1870	35	.36	66	.59	101	.48
1871—1875	48	.46	103	.86	151	.67
1876—1880	48	.42	90	.69	138	.56
1881—1885	50	.40	117	.84	167	.63
1886—1890	65	.50	126	.84	191	.68
1891—1895	74	.53	145	.91	219	.73
1896—1900	108	.72	154	.90	262	.81
1901—1905	117	.73	164	.90	281	.82
1906—1910	173	1.01	249	1.31	422	1.17
1911—1915	196	1.09	274	1.38	470	1.24
1916—1920	203	1.11	288	1.40	491	1.26
1921—1925	256	1.34	329	1.53	585	1.44
1926—1930	267	1.33	365	1.62	632	1.48
1931—1935	314	1.48	443	1.87	757	1.69
1936—1940	382	1.75	444	1.76	826	1.76
1941—1945	406	1.99	427	1.87	833	1.92
1946—1950	477	1.94	462	1.75	939	1.84
1941	88	2.18	86	1.91	174	2.04
1942	84	2.09	74	1.64	158	1.85
1943	69	1.69	76	1.67	145	1.68
1944	69	1.68	99	2.15	168	1.92
1945	96	2.29	92	1.96	188	2.11
1946	100	2.18	92	1.78	192	1.97
1947	80	1.68	88	1.66	168	1.67
1948	94	1.95	92	1.70	186	1.82
1949	100	1.92	84	1.61	184	1.77
1950	103	1.97	106	2.02	209	2.00

The following Table shows the principal site distribution of the deaths from cancer and compares the experience of 1938 with that of 1949 and 1950.

Site.	1938.			1949.			1950.		
	M.	F.	P.	M.	F.	P.	M.	F.	P.
Stomach	6	12	18	11	13	24	14	10	24
Colon	18	22	40	10	14	24	11	12	23
Rectum	6	4	10	15	9	24	10	6	16
Breast	—	14	14	—	12	12	—	27	27
Lungs	10	5	15	24	6	30	24	5	29

Table showing age and sex distribution of the cancer deaths for 1938, 1949 and 1950.

Age Periods.	1938.			1949.			1950.		
	M.	F.	P.	M.	F.	P.	M.	F.	P.
— 5	—	—	—	—	—	—	—	—	—
— 10	—	—	—	—	—	—	—	—	—
— 15	—	—	—	—	—	—	—	—	—
— 20	1	—	1	—	2	2	—	—	—
— 25	—	—	—	—	—	—	1	—	1
— 30	—	1	1	2	—	2	—	—	—
— 35	—	1	1	1	1	2	—	1	1
— 40	3	—	3	1	1	2	3	2	5
— 45	1	10	11	4	4	8	7	5	12
— 50	2	4	6	5	3	8	5	7	12
— 55	3	10	13	5	6	11	4	8	12
— 60	14	12	26	12	8	20	6	10	16
— 65	10	17	27	17	11	28	21	10	31
— 70	11	7	18	16	11	27	10	12	22
— 75	10	18	28	14	12	26	17	14	31
— 80	11	9	20	11	9	20	18	17	35
— 85	5	6	11	9	13	22	10	15	25
+ 85	3	4	7	3	3	6	1	5	6
All ages	74	99	173	100	84	184	103	106	209
+ 70	29	37	66	37	37	74	46	51	97

SECTION B(1).

NATIONAL HEALTH SERVICE ACT, 1946.

SECTION 22.—CARE OF MOTHERS AND YOUNG CHILDREN.

Provision of Clinics and Centres.

Women's Welfare Clinie.

Care of Premature Infants.

Residential Accommodation for Expectant and Nursing Mothers.

Dental work in connection with Mothers and Young Children.

Eye Clinie for Pre-School Children.

Montrose Day Nursery.

Rubella in Pregnancy.

CARE OF MOTHERS AND YOUNG CHILDREN.

SECTION 22.

PROVISION OF CLINICS AND CENTRES.

The Local Authority has provided Ante-Natal, Post-Natal and Infant Welfare Clinics at the undermentioned Centres:—

- | | | | | |
|-----|---------------------|-----|-----|-------------------|
| (a) | Central Clinic | ... | ... | Elm Street. |
| (b) | Gainsborough Clinic | ... | ... | Clapgate Lane. |
| (c) | Whitton Clinic | ... | ... | Shakespeare Road. |
| (d) | Allington Clinic | ... | ... | Woodbridge Road. |

14 sessions Infant Welfare and 7 sessions Ante-Natal are held weekly.

No Clinics have been provided by Voluntary Organisations.

The following statistics show attendances at Infant Welfare Centres:—

- | | | | | |
|-----|--|-------|-----|--------|
| (a) | No. of Centres provided at end of year | ... | ... | 4 |
| (b) | Number of Infant Welfare Sessions held per month | ... | ... | 56 |
| (c) | Number of children who attended the Centres | 3,325 | | |
| (d) | Number of Children who first attended the Centres and who on the date of their first attendance were:— | | | |
| | Under 1 year of age | ... | ... | 1,209 |
| | Over 1 year of age | ... | ... | 373 |
| (e) | Number of Children included in (c) who at the end of the year were:— | | | |
| | Under 1 year of age | ... | ... | 963 |
| | Over 1 year of age | ... | ... | 2,277 |
| (f) | Total number of attendances made by children included under (c). | | | |
| | Under 1 year of age | ... | ... | 17,310 |
| | Over 1 year of age | ... | ... | 6,204 |

Ante and Post Natal Clinics.

Clinic.	No. of Clinics provided at end of Year.	No. of sessions held per month.	No. of women in attendance.		Total number of attendances by women in Col. 4. (6)
			During the Year.	Included in column 4 who had <i>not</i> previously attended an ante-natal clinic during current pregnancy or a post-natal clinic after last confinement.	
(1)	(2)	(3)	(4)	(5)	(6)
Ante-Natal Clinics	4	28	785	527	4,498
Post-Natal Clinics	4	16	(359)	(351)	(544)

The brackets indicate that the women were examined post-natally at Ante-Natal Clinics.

WOMEN'S WELFARE CLINIC.

An interesting development of the post-natal services this year has been the inauguration of a Women's Welfare Clinic. This has proved of considerable value to a selected number of mothers. The sessions, which for administrative convenience have been referred to as the Family Planning Clinic, are in fact of course an integral part of the ante and post-natal services provided by the Council under their proposals for the care of mothers and young children, and actually commenced on Tuesday, 6th December, 1949, being held fortnightly from 5.30—7 p.m., on alternate Mondays at the Allington House Centre. The equipment normally used for the clinic is utilised in connection with these additional sessions and no expenditure is incurred in connection with salaries as the sessions are held after normal hours and the staff concerned are not subject to overtime payments. The holding of these sessions does not affect the cleaning or heating arrangements of the Centre, but may cost a sum each year for electric light consumed. The expenditure incurred on the purchase of the medical requisites is more than covered by the sale of these items because the normal 10% administrative charge is added to the cost of these items. Fees for out-district cases are 7 6d. first consultation, and 5 - for subsequent consultations and follow-ups plus the cost of the actual appliances. It might be considered advisable to evolve some scheme whereby mothers in the borough at least could obtain this advice and treatment free, where necessary, or at a modified charge.

	<i>No. of Patients.</i>	<i>No. of Attendances.</i>
Ipswich Cases	52	99
Out of Borough Cases	39	67
TOTAL	91	166

WORK OF THE INFANT CLINICS.

The following is a Summary of the Visits paid to the Centres:—

CLINIC.	1950.			1949.
	Infants. —1	Children 1—5	Total.	
Main ...	3,648	1,963	5,611	8,126
Branch, Clapgate Lane	2,426	1,765	4,191	4,023
Branch, Whitton ...	2,593	1,057	3,650	3,587
Branch, Allington ...	2,439	1,419	3,858	—

EXAMINATION OF INFANTS BY MEDICAL OFFICERS.

The Examinations carried out by the Medical Officers are shown in the following Table:—

Age.	No. of Infants Examined.	No. of Re-Examinations.	Total.	1949.
—1	1,103	1,768	2,871	4,284
—2	341	596	937	1,269
—3	307	393	700	847
—4	286	372	658	599
—5	184	274	458	372
Total	2,221	3,403	5,624	7,371

CARE OF PREMATURE INFANTS.

The work in connection with this scheme continued on the same lines as in previous years. Equipment for use in the home or in transport of the child to hospital, such as draught-proof cots, thermogenic blankets, hot water bottles, special clothes and oxygen, etc., are available on loan to the mothers. The midwives pay many extra visits daily to watch over and supervise the management and feeding of these infants.

Special premature equipment was loaned in 17 cases.

(a)	Number of premature babies notified whose mother was normally resident in Ipswich ...	96
(b)	Total notified—	
	(a) born at home	44
	(b) born in hospital or nursing home ...	52
(c)	The number of those born at home who were nursed entirely at home	38
(d)	The number of those born at home and nursed entirely at home—	
	(i) who died during first 24 hours ...	2
	(ii) who survived at the end of one month ...	36

PREMATURE BIRTHS.

The importance of the problems concerned in premature birth cannot be over estimated since, of the 44 deaths of infants under 12 months which occurred in the borough in 1950, no less than 20 were attributed to prematurity. The size of the local problem can be estimated by the fact that there were 97 premature births of infants weighing $5\frac{1}{2}$ lbs., or under in 1950, the majority of whom required special care to afford them a best possible chance of survival.

Anxiety concerning the high wastage of infant life, represented by stillbirths and infant deaths in the early weeks of life, has prompted a great number of investigations and clinical papers which have been published in recent years.

In spite of remarkable improvements in infant mortality rates in the past 50 years, deaths of infants under one month remain high and the fall in neonatal mortality has not kept pace with that of the total infant death rate.

Each successive fall in the infant mortality figures encourages us to believe that the further saving of human life is possible. Of recent years most strenuous efforts have been made to reduce the infant loss occurring in the first few weeks of life as a result of premature birth. Because of the skilled supervision and special equipment required in the nursing of these small and delicate babies, it had become customary to regard admission to hospital as giving the child the best chance of survival.



ALLINGTON HOUSE CLINIC, WOODBRIDGE ROAD.

While in certain circumstances this view may be correct, the experience of Ipswich during 1950 shows what can be achieved among a group of premature babies born and cared for throughout in their own homes.

The following figures will serve to illustrate the details of premature births during 1950, distinguished as between those babies born at home and those born in institutions:—

Babies born at Home.

Premature infants born at Home	43	Survived over 28 days	39	(% survival 90.7).	
<i>Weight at Birth.</i>		<i>Transferred to Institutions.</i>	<i>Deaths.</i>	<i>Remaining at Home.</i>	<i>Deaths.</i>
Under 3 lbs.	3	1	1	2	2
3—4 lbs. ...	5	3	1	2	0
4—5½ lbs.	35	1	0	34	0
Total	43	5	2	38	2

Babies born in Institutions.

Premature infants born in Institutions	... 53	Survived over 28 days	... 38	(% survival 71.7).	
<i>Weight at Birth</i>				<i>Deaths.</i>	
Under 3 lbs.	...	5		4	
3—4 lbs. ...	...	7		4	
4—5½ lbs.	...	41		7	
Total		53		15	

Of those cases where the babies were to be born at home, admission to an institution was only sought when:—

1. The home conditions were bad, i.e., unsuitable housing, extreme poverty, etc.
2. The child was known to be not really wanted—usually an illegitimate in such cases.
3. Unco-operative parent or grandparent in the home (likely to interfere with the treatment.)

No one special midwife is allocated to premature baby nursing as in some areas. It is felt that each of the Municipal Midwives should be adequately trained and experienced in the detailed care of such infants, and should have the satisfaction and stimulus which the successful home rearing of these tiny infants affords.

The Supervisor of Midwives gives assistance with each case and the special premature baby equipment which is provided and loaned by the local authority is brought into use.

Further, it must be borne in mind that the risk of infection is probably decidedly less in the infant's own home environment than in a hospital.

It is of interest to pause for a moment and, by examining in some detail an individual case, see what these figures mean in the practical day-to-day working of the midwifery service.

Baby G D was born on the 9th July, 1950, weighing only $3\frac{3}{4}$ lbs., and was seven weeks premature. Immediately after birth the child was given an injection of a vitamin K preparation, put into a draught-proof cot warmed by an electric blanket and left undisturbed for twelve hours. An attempt was then made to commence feeding by means of a Beleroy feeder, which enables a baby to be fed even though it is too feeble to suck. During the first four days it was fed on a specially blended milk preparation; thereafter, though it received the mother's breast milk, it was not considered capable of feeding direct from the breast until the 28th day after birth and, indeed, for most of this time, it was not even taken out of the cot. The baby was not bathed in the ordinary way until as late as the 35th day, though prior to this, every third morning the body was oiled with liquid paraffin. During the early weeks of life, a variety of vitamin preparations were given until the child could take the ordinary cod liver oil and orange juice; small quantities of iron were also given to prevent anaemia.

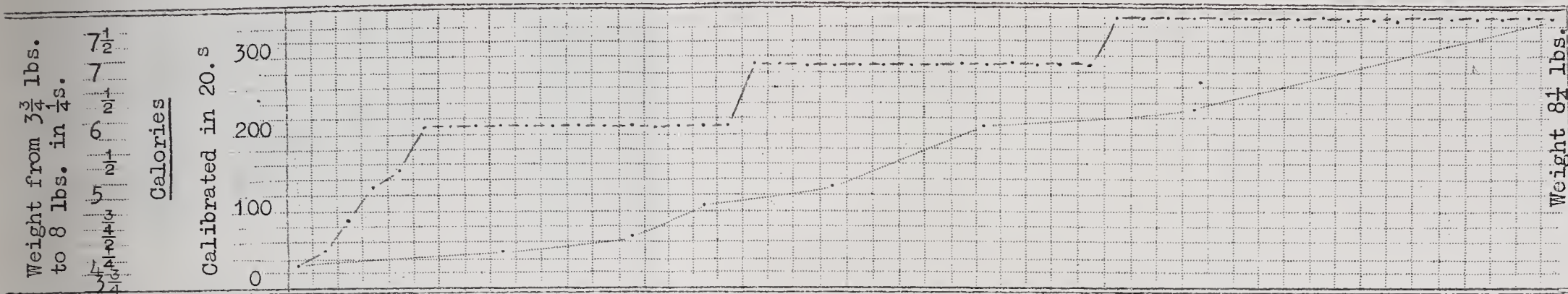
By the time the baby reached the normal birth weight of 7 lbs., the midwife had paid over a hundred visits to the home.

(Explanatory chart attached).

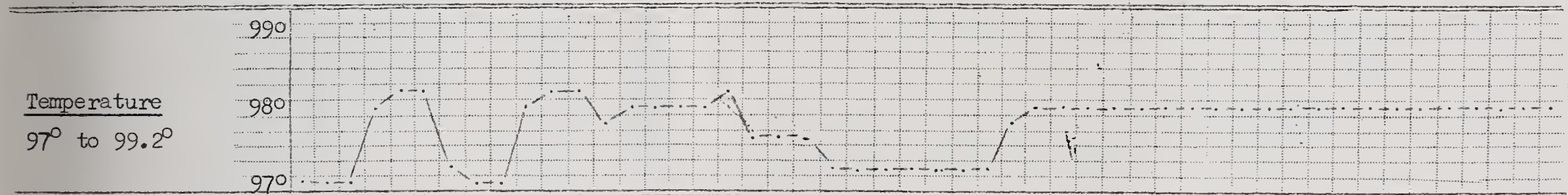
While this account illustrates the difficulties that follow when such children are not admitted into hospital, it nevertheless shows how this important problem can be tackled in the home by utilising modern methods and by devoting the greatest patience and determination to the care of the individual premature child.

Date	10	15	20	25	30	1	5	10	15	20	25	27
Baby days	1	5	10	15	20	25	30	35	40	45	49	56

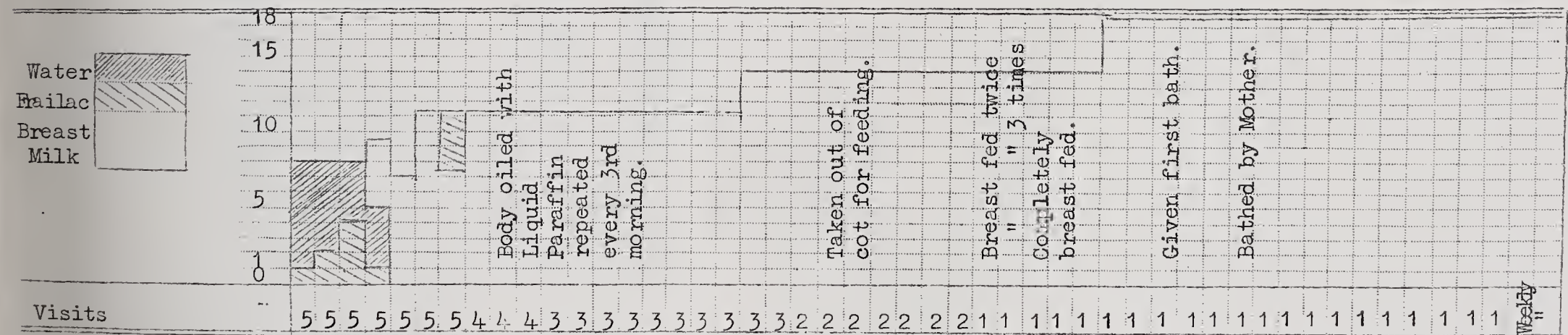
Details of Calories and weights.



Details of Temperature.



Feeding - 3 hourly omitting the 3 a.m. feed on the 5th day.



1. Medicaments given:

1st Day	Synkavit	10 mgms. at birth
2nd - 5th Days	"	5 mgms.
6th - 10th	"	Redoxin
11th - 13th	"	"
14th - 18th	"	"
19th - 27th	"	"
28th - 50th	"	"

C.L.O.	4 min.	
Neoferous	2 "	25 "
C.L.O.	8 "	
Neoferous	2 "	25 "
C.L.O.	15 "	
Neoferous	2 "	25 "

- Oxygen with CO_2 every three hours for 10 minutes during the first 48 hours.
- Strict daily record of bowel movement kept. Urine was void normally.

INFECTIOUS DISEASES.

(a) One case of ophthalmia neonatorum was notified during the year, and vision was not impaired.

(b) *Puerperal Pyrexia.*

	Domiciliary Confinements.	Institutional Confinements.
No. of cases Notified	8	4
Visited by Officer of the Authority ...	8	—
Home Nursing provided	—	—
Cases removed to Hospital ...	7	4

MATERNAL DEATHS.

(a) Number of women confined at home or in Nursing Homes who died in, or in consequence of, childbirth *in the area*.

	<i>Sepsis.</i>	<i>From other causes.</i>
Confined at home	—	—
Confined in Nursing Homes	—	—

(b) Number of women who died:—

(i) At home	—
(ii) In Nursing Homes	—
(iii) After removal to an Institution ...	—

MOTHERS' AND BABIES' HOMES.

No mothers' and babies' homes have been provided by the Local Authority and there are none in the area run by Voluntary Associations.

RESIDENTIAL ACCOMMODATION (OTHER THAN MOTHER AND BABY HOMES) PROVIDED FOR EXPECTANT OR NURSING MOTHERS AND FOR YOUNG CHILDREN UNDER SECTION 22 OF THE NATIONAL HEALTH SERVICE ACT.

In accordance with the recommendations contained in Circular 2866 (Illegitimate Children) the Local Authority contributes towards the expenses incurred by the St. Edmundsbury and Ipswich Diocesan Moral Welfare Association. All cases coming to the notice of the officers of the Public Health Department are referred to the Moral Welfare Worker employed by the Association, and she undertakes the

necessary advice and arrangements. The contribution made by the Council includes a proportion towards expenses incurred in accommodating unmarried mothers in Homes, admission to which the Moral Welfare Worker arranges.

Where the mother is the wife of a man who is not the father of her child, arrangements have been made with the Ely Diocesan Maternity Home, Cambridge, and such mothers and their babies are admitted to that Home.

Where expectant or nursing mothers are in need of temporary accommodation under the National Assistance Act they are admitted to the Social Welfare Institution at Heathfields, Woodbridge Road East, which is under the control of the Welfare Services Committee. The Health Committee contributes towards the expenses incurred in accommodating an expectant mother during the last six weeks of pregnancy and arrangements are made with the Hospital Management Committee for the mothers to be admitted to maternity accommodation for their confinements.

The Council have arranged temporary accommodation at the Nurses' Home, No. 9, Lower Brook Street, Ipswich, for the reception of nursing mothers with their babies when they are in need of temporary accommodation and because facilities at Heathfields are unsuitable for nursing mothers. In cases where the mothers are not breast-feeding their babies, they are re-admitted to Heathfields and the babies are admitted to the Children's Home—Britannia Road Nursery.

During 1950 the Diocesan Moral Welfare Association sent 24 Ipswich patients to residential institutions.

DAILY MINDERS PROVIDED BY THE AUTHORITY AT 31ST DECEMBER, 1950.

NIL.

DENTAL WORK IN CONNECTION WITH THE CARE OF MOTHERS AND YOUNG CHILDREN.

MOTHERS.

During 1950 the reduction in the number of mothers attending for treatment continued, although in a somewhat modified degree. The expectant or nursing mother finds very little difficulty in securing treatment from the private dental practitioner under the General Dental Service, and this, to some degree, possibly explains the fall in number who attend at the Council's clinic.

PRE-SCHOOL CHILDREN.

The number of pre-school children attending the clinics continues to rise. Unlike the mothers who are mentioned above, it appears that considerable difficulty is experienced in securing treatment for young children under the General Dental Service.

Much time is expended in securing the confidence of the young children who come for treatment. When time permits it is desirable to improve the mothers' dental education in order that more of the very young children will be brought for dental examination and treatment. Only in this way can caries be arrested whilst in the early stage.

The children at Raeburn Road Nursery, Montrose Day Nursery and the Children's Homes have continued to receive dental inspection and treatment during the year.

(a) Numbers provided with dental care:—

	Examined.	Needing treatment.	Treated	Made Dentally Fit.
Expectant Mothers and Nursing Mothers	145	137	101	78
	40	39	40	39
Total	185	176	141	117
Children under five	536	483	459	435

(b) Forms of dental treatment provided:—

	Extractions	Anaesthetics.		Fillings	Scalings or Scaling & gum treatment	Silver Nitrate treatment	Dressings	Radio-graphs	Dentures Provided.	
		Local	General						Complete	Partial
Expectant and Nursing mothers	158	22	57	209	82	1	44	4	6	17
	69	12	23	31	14	—	24	4	11	7
Total	227	34	80	240	96	1	68	8	17	24
Children under five	467	136	246	226	—	100	67	3	—	—

INVESTIGATION INTO THE EFFECTS OF THE FLUORINE CONTENT OF DRINKING WATER.

During the latter part of the year Dr. Parfitt, the Director of the Preventive Dentistry Department of the University of London, and Miss Forrest, a Dental Officer of the Ministry of Health, carried out a pilot survey amongst mothers and young children in the town to determine the effects of the differing quantities of fluorine in drinking water on the incidence of caries in teeth.

An abbreviated extract is as follows:—

Reports have come in from many parts of the world of a low incidence of dental caries in communities living in areas where the drinking water has a high fluorine content. Caries incidence has been found to decrease as the amount of fluorine increases, but with concentrations of about 1.5 parts per million, mottling of the teeth, the first symptom of fluorosis, becomes increasingly apparent. It has been found that if the ingestion of fluorine is to have an effect on the teeth it must take place during the period of tooth formation, i.e., during the first eight years of life. From the few surveys carried out on adults in this country, it would appear that the benefit which they derive from having been bred in a high fluorine area is slight; it has been assessed as equivalent to a delay of five years in the onset of caries, but other opinions are that its effect is only transitory and that the adult population does not experience any benefit. In the United States of America on the other hand, investigations have shown that the protection afforded by fluorine to the teeth of children is continued in adult life, a reduction in caries incidence having been observed up to 45 years of age.

The present work was undertaken therefore, to obtain further information on the effect of the ingestion of fluorine on the dental condition of adults, and at the same time children below school age were included in the survey, to see how early in life the effects of fluorine became apparent. It was a pilot investigation and more precise information can come only from a larger study.

SELECTION OF AREAS.

Three widely separated high-fluorine areas and three comparable low-fluorine areas were selected for examination. In this way a comparison could be made under conditions which might vary in different parts of the country and the effect of the caries incidence of factors other than fluorine could be minimised.

The high-fluorine areas selected were South Shields in North East England, Colchester in East Anglia and Slough in the Thames Valley. The low-fluorine areas were North Shields, Ipswich and Reading. Each town was in the same neighbourhood as its high-fluorine counterpart and resembled it closely except for the fluorine content of its water supply.

FLUORINE CONTENT OF WATER SUPPLIES.

Since the investigation was to include adults whose dental condition might have been affected by the fluorine content of the water during their childhood, the histories of the water supplies were traced over the past forty years. Special analyses of the water supplies were made for the purpose by the Department of the Government Chemist. Table I. illustrates this.

TABLE I.
Average Fluorine Content of Water Supplies.

	High Fluorine Areas.			Low Fluorine Areas.		
	South Shields	Colchester	Slough	North Shields	Ipswich	Reading
Number of Samples.	46	13	21	26	24	24
Average Fluorine content in parts per million	0.82	1.45	0.9	0.07	0.3	0.1
Range	0.7-1.0	1.2-2.0	0.85-1.2	0.0-0.1	0.2-0.5	0.0-0.2

SELECTION OF SUBJECTS.

To obtain groups of like social status, mothers attending ante-natal and infant welfare centres and children attending day nurseries, infant welfare centres and nursery schools were examined. Only those who were born and had spent their childhood in the district were examined. In some towns it was found that only one in twenty of mothers attending the clinics came into this category and at the most it was never more than one in five. In all, 268 mothers and 434 children were seen in high-fluorine areas and 296 mothers and 356 children in low-fluorine areas.

METHOD OF EXAMINATION.

The standard of dental examination was identical in all groups. Clinic No. 6 probes were used, each probe being checked under a microscope before use and sharpened and re-checked after being used four times.

Each tooth was classified as sound, carious, filled or missing. Missing third molars were counted as having been lost owing to caries unless it was clinically evident that they had not erupted. Missing deciduous lower incisors in four year old children were counted as naturally shed and not lost owing to caries.

TABLE II.

Incidence of Dental Caries among Expectant and Nursing Mothers.

Age.	Number of mothers examined.		Average number of D.M.F. teeth per mother.		Reduction in high com- pared with low Fluorine Areas.
	Fluorine Areas		Fluorine Areas		
	Low	High	Low	High	
20 years and under	22	17	12.5	8.5	per cent. 33
21-25 years	92	91	16.2	10.0	38
26-30 ,,	107	69	19.3	12.5	35
31-35 ,,	40	61	21.5	16.2	25
36-40 ,,	30	23	22.8	19.2	16
Over 40 years	5	7	26.4	22.0	17

FINDINGS.—EXPECTANT AND NURSING MOTHERS.

Table II shows that at each age the caries incidence was lower in the high-fluorine areas than in the low-fluorine areas. The difference can be expressed as a delay in the onset of dental caries by a certain number of years. This value can be obtained by noting how many years it takes for the D.M.F. rate of a group in the high-fluorine areas to reach the same level as a group in the low-fluorine areas. It will be seen from Table II that throughout the age range examined there is a difference between the two groups of 10 years in the attainment of the same average D.M.F. Value. This suggests that mothers born in these high fluorine areas have the advantage of 10 years' delay in caries experience.

YOUNG CHILDREN.

The percentage difference in caries incidence of children under school age between the combined high and low-fluorine areas is shown in Table IV.

TABLE IV.
Incidence of Caries among Young Children.

Age	Number of children examined		Proportion of children caries free		Average D.M.F. teeth per child		Reduction in high compared with low Fluorine Areas
	Fluorine Areas		Fluorine Areas		Fluorine Areas		
	Low	High	Low	High	Low	High	
2 years	55	23	Per cent. 26	Per cent. 61	2.9	1.2	Per cent. 59
3 years	138	166	15	40	4.4	2.2	50
4 years	163	244	16	27	4.6	3.1	33

The difference expressed as a delay is approximately two years. The data show that the reduction in dental caries observed in high-fluorine areas was already apparent to a considerable degree in the pre-school child. Not only was the number of immunes greater in the high fluorine areas but the over-all caries experience was lower.

TABLE V.
Percentage of Children with varying numbers of D.M.F. Teeth.

Age	Number of children examined		Number of D.M.F. teeth.					
			Less than 3.		3 to 7		More than 7	
	Fluorine Areas		Fluorine Areas		Fluorine Areas		Fluorine Areas	
	Low	High	Low	High	Low	High	Low	High
2 years	55	23	Per cent. 57	Per cent. 83	Per cent. 36	Per cent. 13	Per cent. 7	Per cent. 4
3 years	138	166	35	60	46	36	19	4
4 years	163	245	35	53	47	35	18	12

Table V. shows the percentage of children with varying numbers of D.M.F. teeth. It will be seen that in the high-fluorine areas there was a greater proportion with less than 3 D.M.F. teeth and that a greater proportion of children in low-fluorine areas had more than 3 D.M.F. teeth.

SUMMARY.

The dental caries experience of 268 adults in 3 high-fluorine areas was compared with that of 296 adults in 3 low-fluorine areas.

The age of the adults ranged from under 20 to over 40 years.

The fluorine content of the drinking water ranged from 0.82 to 1.45 parts per million in the high-fluorine areas and from 0.07 to 0.3 in the low fluorine areas.

It was found that in the high-fluorine areas:—

- (a) the incidence of caries was lower in every age group. The reduction as compared with low-fluorine areas amounted to:—

20 years and under	...	33 per cent.
21-25 years	...	38 „
26-30 years	...	35 „
31-35 years	...	25 „
36-40 years	...	16 „
Over 40 years	...	17 „

- (b) there was apparently a delay of 10 years in the onset of caries.
 (c) a smaller proportion of the D.M.F. teeth were actually missing and caries attack was less severe in the teeth which were present.

The dental caries experience of 434 children, aged 2-5 years, in 3 high-fluorine areas was compared with that of 356 children in 3 low-fluorine areas.

It was found that in the high-fluorine areas:—

- (a) a reduction in dental caries incidence was already apparent at from 2-3 years of age. The reduction amounted to 59 per cent. at 2 years, 50 per cent. at 3 years and 33 per cent. at 4 years;
 (b) the proportion of children who were free from caries was greater.
 (c) there was a greater proportion with less than 3 D.M.F. teeth and a smaller proportion with more than 3 D.M.F. teeth.

EYE CLINIC.

These figures relate to children under school age examined by the Eye Specialist during the year.

Number of children examined	...	...	65
Number of attendances	...	...	105
Number for whom glasses were ordered	...	...	15
Number for whom glasses were changed	...	...	4
Number referred for treatment other than glasses	...	...	6
Number to continue present glasses	...	...	6
Number who required no treatment or glasses	...	...	31

MONTROSE DAY NURSERY.

The nursery was open throughout the year and has accommodation for 50 children.

Montrose is a large detached house sited in its own extensive grounds and has a very attractive area of woodland with an ornamental lake in one corner.

NEED FOR NURSERY PROVISION.

Mothers of all the children attending the Nursery are working in the town and periodic communications are sent to their employers to ensure that they are still at work. The following tables show:—

(1) The type of work undertaken by the mothers.

Mothers employed as:	No.
Nurses	5
General domestics	9
Factory operatives	28
Clerical staff	6
Shop assistants	10
Teachers	1
Total	59

(2) The details showing the need for mothers to work.

The need to work.	No.
Mothers supporting own child ...	19
„ with husbands in Forces ...	5
„ with husbands in ill health ...	5
„ who are nurses ...	5
„ who are teaching ...	1
Mother and father both working owing to financial difficulties ...	24
Total	59

(3) Ages of children attending the nursery.

Age.	Under 6 months	6 to 12 months	1 to 2 years	2 to 3 years	3 to 5 years	Total
Number attending	1	7	14	19	18	59

(4) The duration of attendance of the children.

Period	Less than 3 months	3 to 6 months	6 to 9 months	9 months to 1 year	Over 1 year	Total
Under 2 yrs. of age	8	8	4	1	3	24
2-5 yrs. of age ...	1	4	8	—	22	35
Total ...	9	12	12	1	25	59

NURSERY STUDENTS.

Students are taken at the Day Nursery at the age of 16 years and undergo a two years' course of training with the object of sitting for their Diploma. In addition to day-to-day practical work at the nursery, the course comprises lectures on the care and development of normal young children with emphasis on the physical and emotional needs of the varying age groups dealt with. Lectures are given by the Senior Assistant Medical Officer of Health, the Matron of the day nursery, and the Nursery School Teacher. Regular weekly sessions are devoted to further education in such subjects as the study of living things, civics, household arts and self expression. Considerable time is also given to hand work including knitting, needlework, housewifery, laundry and cooking. Visits are arranged to various departments of hospitals, clinics and educational establishments, factories, etc., for practical observation.

During the year 8 students were employed, 4 students sat for the examination of the National Nursery Examination Board and all were successful.

RUBELLA IN PREGNANCY.

The Ministry of Health and the Medical Statistics Branch made an approach during 1950 with a view to eliciting co-operation in carrying out a survey of the effects of an attack of maternal rubella during gestation, the nature and frequency of sequelae, their pathogenesis and the means of prevention. It was agreed that Ipswich County Borough, through its Maternity and Child Welfare Service, should participate.

The purpose of the enquiry is to compare the risk of congenital defects occurring among children: (a) born of women who suffered from rubella, morbilli, epidemic parotitis, varicella or poliomyelitis, at some time during pregnancy and (b) those born of other women.

It involves the selection of two groups of expectant mothers as early in pregnancy as possible.

- I. Those who: (a) on first coming under ante-natal supervision have already had a virus infection during pregnancy, or
(b) suffered an attack during the subsequent course of the pregnancy.
- II. A controlled series selected on first reporting for ante-natal supervision who have not had a virus infection.

The scale of the enquiry envisaged a follow-up of the women concerned over a period of two years, and the co-operation of Medical Officers of Regional Hospital Boards is also requested.

NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.

In concluding my remarks under Section 22 of the National Health Service Act, 1946, I should like to make reference to the co-operation which exists between the officers of this department and the local Inspector of the National Society for the Prevention of Cruelty to Children. His friendly advice and tactful approach to the cases referred to him are much appreciated.

SECTION B(2).

NATIONAL HEALTH SERVICE ACT, 1946.

SECTION 23.—MIDWIFERY.

Midwifery Service.

Midwives' Act, 1918—Medical Aid.

MIDWIFERY SERVICE.

The Council employ a Supervisor of Midwives, up to 15 midwives and up to 16 pupil midwives. During the year 1950, the domiciliary midwifery service dealt with 1,110 cases, an increase of 9 over those attended during the year 1949. Midwives also visited premature babies discharged from hospital whose birth weight was less than 5½ lbs.

The following table gives details of cases attended during the year:—

	Number of Maternity Cases in the area of the Local Supervising Authority attended by Midwives.					
	Domiciliary Cases.		Cases in Institutions		Total	
	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses
Midwives employed by the Local Authority:—	711	399	—	—	711	399
Midwives employed by Voluntary organisations	—	3	—	—	—	3
Midwives employed by Hospital Management Committees:—	—	—	343	698	343	698
Midwives in private practice:—	—	13	—	—	—	13
Totals for the year ...	711	415	343	698	1054	1,113

Number of Midwives practising at the end of the year in the area of the Local Supervising Authority who were:—

- (a) Employed by voluntary organisations as domiciliary Midwives *otherwise* than under arrangement made with the Health Authority under Section 23 of the National Health Service Act ... 1
- (b) In private practice as:—
- | | | | | |
|---|-----|---|-------|---|
| (i) Domiciliary Midwives | ... | 4 | | |
| (ii) Midwives in Institutions, i.e. Nursing Homes | ... | — | Total | 4 |
- (c) Midwives employed on 31st December, 1950 by the Local Authority:—
- | | | | | |
|------------------------|-----|----|-------|----|
| Non-Medical Supervisor | ... | 1 | | |
| Midwives | ... | 14 | | |
| | | — | Total | 15 |

The practice of holding a monthly meeting of nurses employed in the Domiciliary Midwifery Service continued throughout 1950. It was generally agreed to have been of considerable assistance in the pooling of ideas and dissemination of information.

Midwives have always advised mothers as regards the number and type of articles to be supplied in connection with domiciliary confinements. The effects of the rise in the cost of such articles has been observed in the decreasing quality and in the fact that mothers are now making do with less quantities.

It is of interest to note that all the premature babies born on the district whose birth weights were between 4 and 5 lbs. were retained and nursed at home, and all survived.



At the 31st December, 1950, 14 pupil midwives were undertaking Part II. C.M.B. training at the Ipswich Training School. During the year, 26 pupil midwives sat for the examination and all of them passed at the first attempt. The training given covers a comprehensive course and includes attendances at lectures covering the syllabus laid down by the Central Midwives' Board. In addition, the pupils attend ante-natal, post-natal, infant welfare, venereal diseases and ophthalmic clinics, and are given lectures on gas and air analgesia and talks on public health legislation. Visits are arranged to infant welfare centres and social agencies. The training is undertaken by the Senior Assistant Medical Officer of Health, the Supervisor of Midwives and the teaching midwives, and the continuing satisfactory examination results reflect due credit upon their efforts.

In some quarters there is a tendency to regard training schemes for pupil midwives as somewhat expensive luxuries. It is a fact however, that without training schools such as that established in Ipswich, the supply of midwives not only for domiciliary services, but also for the hospitals under the control of the Hospital Management Committees would be very seriously depleted. Ignoring however, for a moment, the financial considerations, there are a number of advantages in running a pupil midwives Part II Training School which may be enumerated as follows:—

- (i) It is an ideal way of recruiting staff to vacancies in the service, and it is possible to select from time to time the best all-round pupil of the course which is running at the time the vacancy arises.
- (ii) Midwives appointed from candidates at the local training school have the advantage of knowing the methods and procedure in operation in Ipswich.

- (iii) The number of pupil midwives employed from time to time permits of dealing with off-duty, absences through sickness, relief of midwives and holiday periods without employing additional staff.
- (iv) The services of pupil midwives in training permit of a great flexibility in the Service. In the care of premature babies in their own homes, the nursing of more than one baby at any one time with a complete 24 hour coverage would not be possible.

MEDICAL AID UNDER SECTION 14 (1) OF THE MIDWIVES ACT 1918.

Number of cases in which Medical Aid was summoned under Section 14 (1) of the Midwives Act, 1918 by a Midwife:—

(a) For Domiciliary cases:—				
(i) Where the medical practitioner had arranged to provide the patient with Maternity Medical Services under the National Health Service Act ...				
			3	
(ii) Others	...	...	89	Total 92
(b) For cases in Institutions ...				
				27
				<hr/>
				119
				<hr/>

During the year 1949 Medical Aid was summoned in 77 domiciliary cases and 46 institutional cases, making a total of 123.

ADMINISTRATION OF ANALGESICS.

- (a) Number of Midwives in practice in the Area qualified to administer Analgesics in accordance with the requirements of the Central Midwives Board:—

(i) Domiciliary	...	...	15	
(ii) In Institutions	...	...	17	Total 32
- (b) 14 sets of apparatus are in use by Domiciliary Midwives. All midwives employed by the Local Authority are now in possession of a set.
- (c) In 920 cases analgesics were administered by domiciliary midwives.

During the year 1949, analgesics were administered in 803 cases by Midwives in Domiciliary practice.

DOMICILIARY MIDWIFERY SERVICE.

Ipswich is a Part II Training School for Midwives, and in view of the fact that approximately 98% of all the domiciliary midwifery of the borough is undertaken by the Municipal Midwifery Service, it was felt that a detailed enquiry into the results obtained would be both of interest and of use in assessing the value of the work.

The 14 municipal midwives—supervised by a medical and a non-medical supervisor, the latter holding the Midwives' Teaching Diploma and acting as tutor to the pupils—attended in

round figures rather over 1,000 births annually; the pupils in training varied slightly in number but averaged about 14.

In order to obtain as complete a picture as possible of the results of their work, from the beginning of 1948 onwards, the municipal midwives in attendance on each domiciliary birth have filled in a special form giving extra information concerning the birth in respect of each case.

An analysis of the returns is appended under the headings of booked midwives and booked obstetrician cases.

TABLE I.

NUMBER OF BOOKINGS.

	PRIMIPARA						MULTIPARA						TOTAL ALL 3 YEARS CASES				
	1948		1949		1950		1948		1949		1950						
	Totals		Totals		Totals		Totals		Totals		Totals						
	L.B.	S.B.	L.B.	S.B.	L.B.	S.B.	L.B.	S.B.	L.B.	S.B.	L.B.	S.B.					
Booked Midwives Cases	145	—	86	1	68	—	299	1	470	5	361	2	361	1	1,192	8	1,500
Booked Obstetrician Cases.	174	2	214	3	182	1	570	6	250	1	449	6	509	8	1,208	15	1,799
																	32.99

L.B. = Live Births.

S.B. = Still Births.

TABLE II.

	1948				1949				1950			
	Midwives Cases.		Maternity Nurse Cases		Midwives Cases		Maternity Nurse Cases		Midwives Cases		Maternity Nurse Cases	
	Primi-para.	Multi-para.	Primi-para.	Multi-para.	Primi-para.	Multi-para.	Primi-para.	Multi-para.	Primi-para.	Multi-para.	Primi-para.	Multi-para.
LIVE BIRTHS.												
No. of Cases	145	470	174	250	1,039	1,110	449	361	68	361	181	510
Delivery by forceps	5	2	36	16	59	51	20	1	3	1	19	25
Breech	2	12	3	6	23	15	6	4	1	13	3	14
Medical Aid called in	6	3	—	—	9	14	—	6	6	12	—	—
Prematures:												
Sent to Hospital	3	5	3	2	13	5	2	1	—	3	2	5
Retained at home	3	12	5	9	29	25	5	6	—	5	10	8
Patient sent to hospital during labour	2	2	2	2	8	21*	7	2	—	4	7	6
Deaths of infants within 14 days	1	1	—	—	2	4	—	2	—	2	2	3
Obstetrician booked and present	—	—	No	record	—	471	176	—	—	—	131	261
STILLBIRTHS.												
No. of cases	—	6	2	1	9	12	3	2	—	1	1	8
Delivery by forceps	—	1	2	—	3	1	1	—	—	—	1	1
Breech	—	—	—	—	—	1	—	1	—	1	—	2
Medical Aid called in	—	1	—	—	1	—	—	—	—	—	—	—
Patient sent to hospital during labour	—	2	—	—	2	2	1	—	—	—	—	1
Macerated foetus	—	2	1	—	3	5	2	1	—	—	1	3
Obstetrician booked and present	—	—	No	record	—	7	2	—	—	—	1	6
Totals												
	1,120	48	31	18	10	23	17	7	392	10	2	3

* In 2 cases during 3rd stage.

TABLE III.

LIVE AND STILL-BIRTHS.	1950	1949
No. of Maternity Nurse cases booked ...	700	672
No. of these at which the Obstetrician was actually present	399	478
% of Obstetrician attendances	57	71.1
% of cases where Maternity Nurse reverted to function as a Midwife	43	28.9

COMMENTS ON TABLES.

"Breech Deliveries."—It is to be noted that while endeavouring to avoid breech delivery in primiparae—a certain number of breech cases in multiparae are deliberately left for teaching purposes in the training school in the midwives' booked cases.

"Medical Aids sent during labour". These figures refer only to cases in which assistance from a doctor is sought before the birth is completed and does not include perineal repairs or attendance on the newborn child, etc.

"Patients sent into Hospital during labour." These figures refer to cases which had arranged for domiciliary confinement, but in which an emergency arose during the labour necessitating hospitalisation.

"Booked Obstetrician Cases." Includes all those in which the patient had arranged for maternity services with her own practitioner, whether or no the practitioner elected to be present at the time of the confinement.

It is to be noted that in the past three years the obstetricians' bookings have increased from 40% to 60% of all domiciliary births.

All booked midwife cases regularly attend the Municipal Ante-Natal clinics—special visits are paid to those who are unable to attend.

All midwives attend not less than once monthly to examine their own cases—they bring a case requiring special examination up to any clinic for immediate advice.

The standard of ante-natal care given by municipal midwives who work in close conjunction with the municipal ante-natal clinic is an added safeguard in childbirth. As such, it should not be denied to any woman who may desire to avail herself of the service.

SECTION B(3).

NATIONAL HEALTH SERVICE ACT, 1946.

SECTION 24.—HEALTH VISITING.

The authorised establishment in relation to the Health Visiting Service is 1 Superintendent Health Visitor and 16 Health Visitors. It has not been possible to recruit 16 fully qualified Health Visitors and consequently a number of full-time and part-time clinic nurses (S.R.N.) have been employed.

There are no Health Visitors working in the area of the Local Authority under the control of voluntary associations. All Health Visitors employed by the Local Authority hold combined posts and carry out duties in connection with the School Health Service as well as the Public Health Service.

The following statistics will indicate the work undertaken by this section:—

- (a) Number of Health Visitors employed at the end of the year.
- | | | | |
|-----------------------------------|-----|-----|------|
| (i) Whole-time on Health Visiting | ... | ... | Nil. |
| (ii) Part-time on Health Visiting | ... | ... | 11 |
- (b) Equivalent of whole-time Service 9½

- (c) Visits paid by Health Visitors.

<i>Home Visits.</i>			<i>Total.</i>
To Children:			
Under 1 year of age:	1st visit	...	2,061
	subsequent visits	...	11,743
			<hr/>
			13,804
Over 1 year of age:	1st visit	...	306
	subsequent visits	...	15,144
			<hr/>
			15,450
Visits re: "No one at home" 7,596			
	T.B. Cases	...	220
	Old Persons	...	120
	School Children	...	355
	Diphtheria immunisation	...	1,427
	Specials	...	41
	Infectious Diseases	...	35
			<hr/>
			9,794
			<hr/>
			39,048
			<hr/>

The following table gives a summary of home visits paid by Health Visitors from 1921 to 1950:—

Year.	Children.		Total.
	—1	1—5	
Average			
1921—1925	2,090	1,910	4,000
1926—1930	1,596	2,013	4,609
1931—1935	3,396	6,168	9,564
1936—1940	3,236	5,258	8,494
1941—1945	4,205	6,333	10,538
1941	2,667	4,332	6,999
1942	3,054	4,884	7,938
1943	4,062	6,431	10,493
1944	5,210	7,766	12,976
1945	6,031	8,251	14,282
1946	8,156	8,900	17,056
1947	6,056	3,764	9,820
1948	9,009	9,661	18,670
1949	12,792	11,666	24,458
1950	13,804	15,450	29,254

It will be observed that the number of visits paid “as subsequent visits” by health visitors to children under 5 years have increased during the year 1950.

Again there is a somewhat abnormally large number of visits under the heading “No-one at home.” A number of factors probably contribute to this in a town such as Ipswich, amongst them being:—

- (a) The number of mothers who undertake casual work and place their children either at the Day Nursery or with neighbours.
- (b) The considerable movement of mothers with young families to the housing estates on the outskirts of the town, who probably spend considerable periods of time in visiting friends and relatives in the areas in which they formerly resided.

It will be observed that there is an increase of approximately 1,100 visits under the heading “Diphtheria Immunisation.” These visits were in connection with an investigation carried out for the Medical Research Council, details of which will be found under the heading “Diphtheria” of the School Medical Officer’s report on page 135.

One bursary student completed her training and successfully passed the examination of the Royal Sanitary Institute for Health Visitors during May, 1950. Two candidates were awarded bursaries and commenced training in January, 1950. One of these was successful in passing the examination in August. The other failed the examination at the first attempt, but passed subsequently.

During September, 1950, six of the health visiting staff commenced a six months’ part time course in the teaching of parentcraft.

SECTION B(4).

NATIONAL HEALTH SERVICE ACT, 1946.

SECTION 25.—HOME NURSING SERVICE.

The following tables will show the extent to which the Service was used month by month throughout the year:—

NUMBER OF CASES TREATED.

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals.
New Cases treated monthly	156	142	136	102	125	133	101	93	95	119	114	144	$\left. \begin{array}{l} = 1,460 \\ = 1,869 \\ = 1,133 \\ = 207 \\ = 137 \end{array} \right\} \begin{array}{l} \text{Total No. of} \\ \text{Patients} \\ \text{(Monthly} \\ \text{aggregate)} \\ 3,329 \end{array}$
From previous month ...	175	194	173	144	144	151	147	148	148	143	155	147	
Discharged ...	100	137	133	79	97	102	83	71	77	83	84	87	
Died ...	24	17	23	11	7	18	8	13	15	15	19	37	
Hospital ...	13	9	9	12	14	17	9	9	8	9	19	9	1,852
Remaining under treatment ...	194	173	144	144	151	147	148	148	143	155	147	158	

NUMBER OF VISITS PAID.

MONTHLY VISITS.		Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Districts.														
District 1 (Norwich Rd.-Whitton)	...	1227	1172	1074	764	979	1073	933	1012	944	1037	967	815	11997
District 2 (Woodbridge-Foxhall-Felixstowe Road)	...	897	558	642	573	625	560	454	469	490	611	626	538	7043
District 3 (Clapgate Lane-Nacton Rd.)	...	952	1010	956	822	903	756	665	516	544	713	826	879	9542
District 4 (Stoke-Town Centre)...	...	1021	986	834	726	792	750	799	778	678	811	929	920	10024
Total ...	...	4097	3726	3506	2885	3299	3139	2851	2775	2656	3172	3348	3152	38606

The number of cases attended during the year was 1,635. Of these 175 were transferred as continuing cases from 1949; new cases numbered 1,460.

CASES ATTENDED AND TOTAL VISITS PAID.

Type and Number of Cases.

Acute Medical	Chronic Medical	Surgical	Gynaecological	Others	Totals	
					Cases	Visits
756	378	252	114	135	1,635	38,606

Cases Attended—Type, Age and Sex.

TYPE.	MALE.						FEMALE.							Total
	AGE IN YEARS.						AGE IN YEARS.							
	0-4	5-14	15-24	25-44	45-64	65 Up	0-4	5-14	15-24	25-44	45-64	65 Up		
Acute Medical	57	51	4	41	44	72	74	52	36	93	95	137	756	
Chronic Medical	—	—	—	—	15	93	—	—	—	15	52	203	378	
Surgical	61	6	5	13	15	56	4	4	6	24	21	37	252	
Gynaecological	—	—	—	—	—	—	—	1	10	25	31	47	114	
Others ...	—	3	—	4	7	34	—	—	—	—	—	87	135	
Totals ...	118	60	9	58	81	255	78	57	52	157	199	511	1,635	

Duration of Nursing Care—completed cases only.

	7 days or Less.	8-28 Days.	1-3 Months.	3-6 Months.	Over 6 Months.	Total.
Totals	855	335	172	57	58	1,477

Cases still receiving attention, 31/12/50, 158.

SECTION B(5).

NATIONAL HEALTH SERVICE ACT, 1946.

SECTION 26—VACCINATION AND IMMUNISATION.

1. VACCINATION.

Age Groups.		Primary Vaccinations.	Re-vaccinations.
Under 1 year	...	411	—
1-4 years	...	98	6
5-14 years	...	41	21
15 years or over	...	73	188
Total	...	623	215

The above vaccinations have all been carried out by private medical practitioners, except for 22 members of the Public Health staff who were vaccinated by members of the Local Authority's medical staff.

2. IMMUNISATION AGAINST DIPHTHERIA.

(a) The following table gives the number of children who at the 31st December, 1950 had completed a course of Immunisation at any time before that date, i.e., at any time since 1st January, 1935.

Age at 31.12.50 i.e., born in year	Under 1 1950	1 1949	2 1948	3 1947	4 1946	5 to 9 1941-1945	10 to 14 1936-1940	Total under 15
Number Immunised ...	333	705	1,012	1,433	1,558	6,202	5,996	17,239
Estimated mid- year child popu- lation, 1950 ...	Children under five 9,420					Children 5-14 14,220		23,640

The percentages obtained from this Table indicate that of the children under 5 years in Ipswich, 53% were protected by immunisation, and of the school population, 85%.

Of the 7 notified cases of diphtheria during 1950, 3 were under the age of 15, of whom 1 had been immunised and 2 not immunised.

(b) The following children were immunised at Local Authority Clinics:—

Primary immunisation—

Under 5 years of age ...	...	675
5 years of age and under 15 years ...		108
Total ...	...	<hr/>783 <hr/>

Secondary or Re-inforcing Injections—

Total for the year	791
------------------------	-----	-----

(c) Children immunised by general practitioners, totalled ...	...	...	...	1,016
Grand Total ...				<hr/> 2,590 <hr/>

3. *Immunisation against Whooping Cough.*

Number of children immunised against whooping cough during 1950:—

Branch Clinic ...	...	...	75
Main and Allington Clinics ...	...	...	160
Whitton Clinic ...	...	...	111
			<hr/> 346 <hr/>
Number of children immunised by general practitioners ...	...	...	433
		TOTAL	<hr/> 779 <hr/>

(Of the 433 children immunised by general practitioners, 414 were given the combined injections for whooping cough and diphtheria).



AMBULANCE SERVICE VEHICLES, JULY, 1950.

SECTION B (6).

NATIONAL HEALTH SERVICE ACT, 1946.

SECTION 27—AMBULANCE SERVICE.

Vehicles, Premises and Staff.

Details of cases carried and miles run.

Sitting Case Cars.

Hospital Car Service.

Bartlet Convalescent Home.

AMBULANCE SERVICE.

The Ambulance Service functioned throughout the year with ambulances and sitting case cars as follows:—

Chevrolet	1941	...	20 h.p.	PV. 6709.	Ambulance
Vauxhall	1939	...	25 „	PV. 6415.	„
Austin	1940	...	20 „	PV. 6607.	„
Bedford	1938	...	27 „	GV. 4295.	„
Austin	1936	...	24 „	PV. 2964.	„
Vauxhall	1949	...	18 „	PV. 9081.	Sitting Case Car
Vauxhall	1949	...	18 „	PV. 9340.	„ „ „

In May, 1950, a replacement ambulance (ADX. 165) was purchased to replace PV. 1.

a. Premises.

On the 17th June, 1950, the Ambulance Station was moved from the garage at the Isolation Hospital, Foxhall Road, on the extreme eastern quarter of the town, to premises in Wolsey Street, which from a geographical point of view are more central. The new premises were previously stables used by the Railway Company, and two sides of the quadrangle were converted. One side provides garage accommodation for the majority of the ambulance vehicles and the other provides a mess, duty room, an office, a store and a commodious workshop. The buildings on the third side of the yard will be converted in due course to complete the ambulance station.

b. STAFF.

The Service is operated by an Ambulance Officer, Senior Driver and 14 Driver/Attendants. In addition there is a full-time mechanic employed who undertakes minor repairs and day-to-day maintenance. The duty rota at present operated is shown in the following table which allows three men on duty at night and at week-ends, and a maximum of 4 men on duty during the day. The Service has run to capacity in so far as personnel are concerned.

Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
Rest.	8/4	2/9	2/9	2/9	2/9	8/4
2/9	9/8	Rest	8/2	8/2	2/9	2/9
8/4	2/9	Rest	8/4	2/9	2/9	2/9
9/8	9/8	9/8	9/8	Rest	Rest	Rest
Rest	Rest	9/8	9/8	9/8	9/8	Rest
8/4	8/4	8/4	8/4	2/9	8/1	Rest
2/9	2/9	8/4	Rest	Rest	9/8	9/8
Rest	8/4	2/9	9/8	9/8	Rest	2/9
8/2	Rest	8/2	2/9	2/9	8/3	9/8
9/8	9/8	9/8	Rest	9/8	Rest	Rest
2/9	2/9	2/9	2/9	8/4	8/4	Rest
8/4	8/4	Rest	8/4	8/4	8/2	8/2
9/8	Rest	2/9	2/9	8/3	8/2	8/2
2/9	2/9	8/4	Rest	Rest	9/8	9/8

c. The demands made on the Ambulance Service have progressively increased during 1950. The majority of the vehicles in use are old, and, as a consequence, breakdowns and repairs have increased. Unfortunately, this occasionally results in delay in dealing with booked removals and discharges from hospital.

As in 1949, it was found necessary to impose a strict priority of use. Accidents, emergencies and maternity cases for admission to hospital were given first priority; general admissions and booked attendances for appointment were conveyed secondly; with inter-hospital transfers and non-urgent discharges undertaken as vehicles and staff availability permitted.

Numerous discussions took place with administrative officers at the hospitals with a view to streamlining the organisation, and avoiding overlapping journeys.

Mutual aid was received from, and given to the East Suffolk County Council on a reciprocal basis.

d. GENERAL.

The following tables show:—

- (1) The miles run by each of the ambulances during the year.
- (2) The miles run by the sitting-case cars.
- (3) The journeys, patients carried and total mileage run by the ambulances, sitting-case cars and the supplementary services (Hospital Car Service).

(1)

Regd. No.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
PV. 6709 (Amb.)	1,261	1,171	1,009	1,177	920	855	713	578	905	739	868	494	10,690
PV. 6415 "	819	998	816	148	708	685	958	750	575	1,078	640	400	8,575
PV. 6607 "	810	1,031	1,668	1,250	1,162	1,724	1,378	1,040	1,390	829	781	1,930	14,993
GV. 4295 "	1,045	1,328	1,254	766	807	366	563	554	691	401	433	429	8,637
PV. 2964 "	1,449	1,505	1,651	1,099	1,570	1,492	1,244	879	831	310	702	660	13,392
ADN. 165 "	—	—	—	—	* 1,109	437	892	1,377	1,893	1,677	1,476	2,873	11,734
Totals	5,384	6,033	6,398	4,440	6,276	5,559	5,748	5,178	6,285	5,034	4,900	6,786	68,021

* First time used.

(2)

Regd. No.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
PV. 9081 (S.C. Car) ...	1,870	1,679	2,322	1,889	1,916	2,547	2,125	2,103	2,569	2,810	2,347	2,599	26,776
PV. 9340 (S.C. Car) ...	1,480	1,621	1,358	1,419	1,994	1,987	1,721	2,027	1,450	1,614	1,901	1,315	19,887
Totals ...	3,350	3,300	3,680	3,308	3,910	4,534	3,846	4,130	4,019	4,424	4,248	3,914	46,663

(3)

Provision.	Vehicles at 31.12.50	Journeys	Patients Carried	Accidents Attended	Mileage Covered	Mileage 1949
Ambulances	3,545	8,638	436	68,021	60,961
Sitting Case Cars	3,093	3,981	—	46,663	30,307
Supplementary Service (Hospital Car Service) ...	*	3,865	4,316	—	31,902	18,974½

* There are up to 16 Drivers allocated to Ipswich C.B.

c. HOSPITAL CAR SERVICE.

The demands made in respect of this service are reflected in the table below and there seems little likelihood of this demand decreasing.

In common with Local Authorities throughout the country some considerable concern was felt by the Committee at the expenditure under this heading. On several occa-

sions I have conducted investigation into a number of cases for which the service was requested. On each occasion it was found that the request for conveyance was fully justified. There probably is no doubt that some abuse of the service has been in evidence, but it is extremely difficult to prove, and as far as my experience goes it is in the minority of cases.

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Journeys ...	233	267	346	249	299	367	434	327	343	384	304	312	3,865
Cost ...	£50.17.3	£61.4.6	£69.4.6	£58.11.6	£63.11.3	£80.14.3	£87.13.9	£71.0.6	£69.18.3	£72.19.6	£52.18.0	£58.17.9	£797.11.0
Miles ...	2,034½	2,449	2,769	2,343	2,542½	3,228½	3,507½	2,841	2,796½	2,919	2,116	2,355½	31,902
Patients ...	274	315	400	280	346	418	463	367	360	424	331	338	4,316

Some thought was given to the possibility of providing additional sitting-case cars attached to the permanent ambulance service. Consideration of all the facts has, however, led me to the opinion that in certain circumstances the use of the Hospital Car Service is by far the most economical that the Council can accept. In a considerable proportion of the cases carried by the Hospital Car Service there are waiting periods to be considered, and most important of all is the fact that persons attending hospital for treatment, etc., require to go at precise times. This creates peak load periods which could not possibly be met by either one or two sitting-case cars. It can adequately be met by the Hospital Car Service, providing as it does a large number of cars for individual cases at any one time at a specific mileage charge.

Consideration of this matter has led to thoughts on installing radio-telephony in conjunction with the ambulance service. The number of local health authorities who have installed this modern aid to efficiency appears to be growing. It would appear that the use of radio-telephony must increase the efficiency of the service; reduce the dead mileage and in all probability would enable the absorption of a proportion of the work which at present is passed to the Hospital Car Service.

f. BARTLET CONVALESCENT HOME.

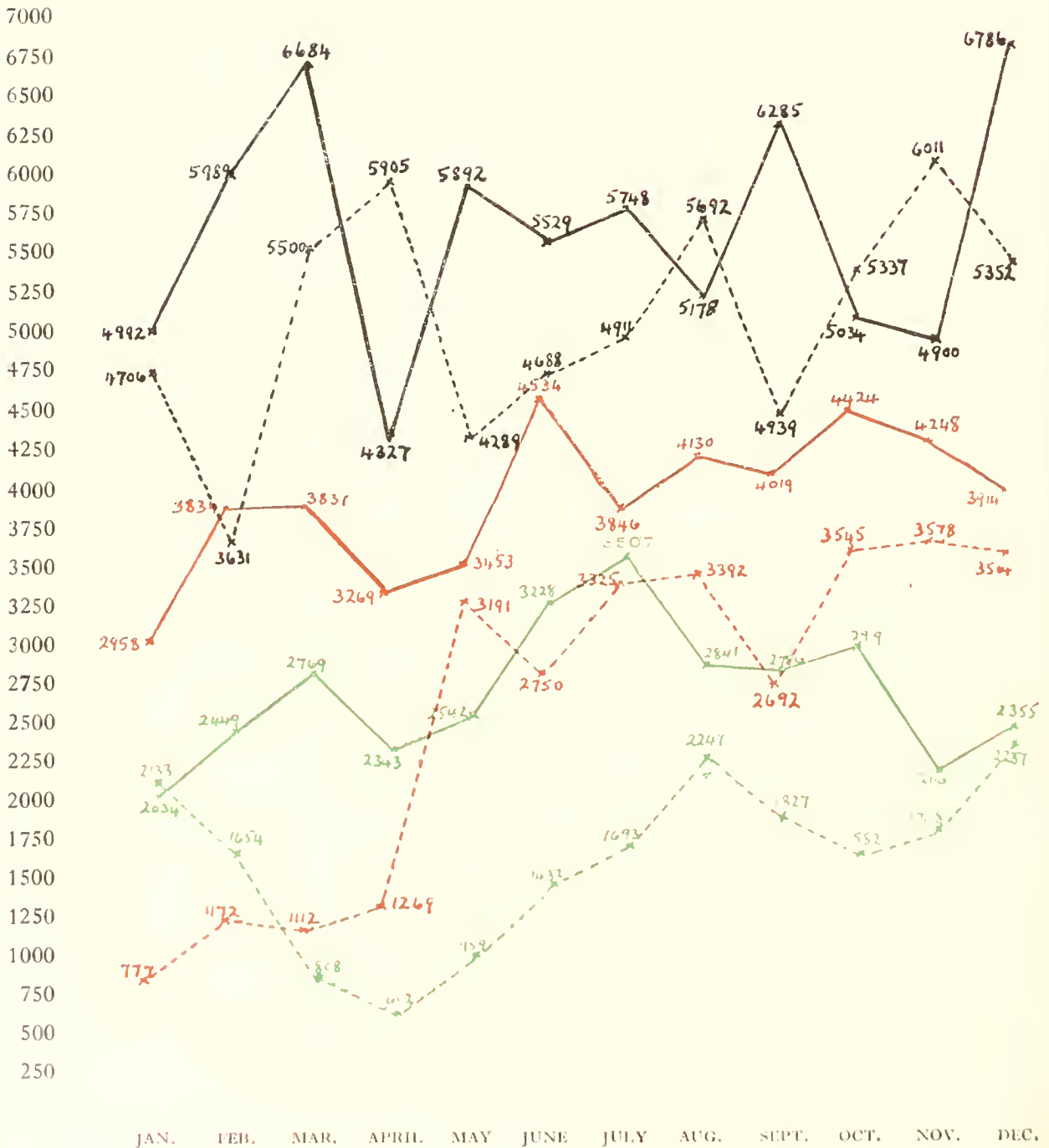
An arrangement was made with the East Suffolk County Council in June, 1949, whereby the Ipswich Ambulance Service undertook, on two days a week, to convey patients between the East Suffolk Hospital and the Bartlet Convalescent Home at Felixstowe. The basis of charge that was agreed, having regard to the fact that Ipswich cases were transported as well as County cases, was that half rate should be charged on half the mileage run.

This shuttle service has continued since the middle of June, 1949, and the following table reveals the number of miles run and the approximate number of patients carried:—

<i>Month.</i>	<i>Patients carried.</i>	<i>Miles run.</i>
January ...	214	1,170
February ...	234	1,076
March ...	244	1,321
April ...	202	1,103
May ...	221	1,349
June ...	212	1,224
July ...	171	1,064
August ...	160	1,027
September ...	184	1,162
October ...	173	1,189
November ...	187	1,180
December ...	141	955
Totals ...	2,343	13,820

AMBULANCE SERVICE

AMBULANCE MILES,	1949	-----
"	1950	=====
SITTING CASE CAR MILES,	1949	-----
"	1950	=====
HOSPITAL CAR SERVICE MILES,	1949	-----
"	1950	=====



g. GENERAL.

In order to illustrate the increased mileage run during 1950 as compared with 1949, I have prepared the following graph. The key to the graph will show the comparable mileages for the ambulance journeys, sitting case car journeys, and mileage undertaken by the Hospital Car Service.

Up to and including July, the figures were prepared on a strict calendar month basis. As from the 1st August, however, the costing records were adjusted to deal with monthly mileages on a weekly basis. This has caused some fluctuation in the mileage readings because August, October and November were 4-week months, whereas September and December were 5-week months. When reading the graph therefore, due regard should be paid to this point.

SECTION B (7).

NATIONAL HEALTH SERVICE ACT, 1946.

SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

Patients suffering with Tuberculosis.

Provision of nursing equipment and apparatus.

B.C.G. Vaccination.

Mass Radiography Unit

Voluntary Seal Sale Committee.

TUBERCULOSIS.

The number of patients who were in receipt of free milk at the end of the year was 34.

There was 1 patient undergoing rehabilitation training at Papworth Village Settlement, and 1 at the British Legion Village, Preston Hall and the Local Authority has accepted responsibility for maintenance charges.

As in the previous year, the Local Authority has continued its close association with the St. John Ambulance Association in the provision of nursing equipment and apparatus. The Council has helped individually all those cases which could not be served by the St. John Comforts Depot, and a nucleus of equipment and apparatus has been provided.

The following Table shows the notifications of Tuberculosis since 1909:—

Year.	Pulmonary.			Non-Pulmonary.			All Forms.		
	M.	F.	P.	M.	F.	P.	M.	F.	P.
1909	41	23	64	—	—	—	41	23	64
1910	29	15	44	—	—	—	29	15	44
Average 1911-1920	92.4	81.2	173.6	21.2	21.7	42.9	113.6	102.9	216.5
Average 1921-1930	79.9	71.9	151.8	29.1	29.6	58.7	109.0	101.5	210.5
Average 1931-1940	66.7	61.3	128.0	16.0	19.0	35.0	82.7	80.3	163.0
1941	38	30	68	18	16	34	56	46	102
1942	42	41	83	14	13	27	56	54	110
1943	59	48	107	17	22	39	76	70	146
1944	64	62	126	26	22	48	90	84	174
1945	47	36	83	16	10	26	63	46	109
1946	54	39	93	14	10	24	68	49	117
1947	51	36	87	8	10	18	59	46	105
1948	48	27	75	11	9	20	59	36	95
1949	42	31	73	11	8	19	53	39	92
1950	79	42	121	6	10	16	85	52	137

AGE AND SEX DISTRIBUTIONS OF THE NOTIFICATIONS OF TUBERCULOSIS, 1950.

Age.	Pulmonary.			All other forms.			Total 1950.			Total 1949
	M.	F.	P.	M.	F.	P.	M.	F.	P.	Persons.
— 1	—	—	—	—	—	—	—	—	—	—
1— 5	3	1	4	1	1	2	4	2	6	4
5—10	5	2	7	—	2	2	5	4	9	5
10—15	3	2	5	1	1	2	4	3	7	6
15—20	6	6	12	2	2	4	8	8	16	12
20—25	9	10	19	—	1	1	9	11	20	26
25—35	24	13	37	1	1	2	25	14	39	12
35—45	12	4	16	1	2	3	13	6	19	9
45—55	11	2	13	—	—	—	11	2	13	12
55—65	1	1	2	—	—	—	1	1	2	4
+65	5	1	6	—	—	—	5	1	6	2
Total ...	79	42	121	6	10	16	85	52	137	92

TUBERCULOSIS DISPENSARY.

Year	No. of Patients attending Dispensary.	No. of Visits paid by Patients.	No. of Visits to homes by Health Visitor.
1950	792	1,200	220

The figures shown are to the end of May, 1950, following this date the Dispensary was moved to the Chest Clinic, St. Helen's Hospital, under the direction of the Hospital Management Committee.

TUBERCULOSIS DEATH RATE PER 1,000 POPULATION.

			<i>Pulmonary.</i>	<i>Non-pulmonary.</i>
1841-1850	...	...	3.57	0.35
1851-1860	...	...	2.91	0.47
1861-1870	...	...	2.83	0.44
1871-1880	...	...	2.57	0.47
1881-1890	...	...	2.07	0.60
1891-1900	...	...	1.74	0.42
1901-1910	...	...	1.46	0.36
1911-1920	...	...	1.20	0.31
1921-1930	...	...	0.83	0.15
1931-1940	...	...	0.58	0.11
1941-1950	...	...	0.38	0.06
1921	...	...	1.01	0.16
1922	...	...	0.94	0.13
1923	...	...	0.82	0.18
1924	...	...	0.82	0.15
1925	...	...	0.99	0.14
1926	...	...	0.66	0.11
1927	...	...	0.88	0.17
1928	...	...	0.77	0.31
1929	...	...	0.76	0.15
1930	...	...	0.66	0.04
1931	...	...	0.82	0.18
1932	...	...	0.72	0.12
1933	...	...	0.52	0.14
1934	...	...	0.71	0.12
1935	...	...	0.55	0.08
1936	...	...	0.55	0.10
1937	...	...	0.43	0.07
1938	...	...	0.45	0.15
1939	...	...	0.54	0.09
1940	...	...	0.48	0.05
1941	...	...	0.54	0.09
1942	...	...	0.55	0.11
1943	...	...	0.31	0.02
1944	...	...	0.48	0.12
1945	...	...	0.47	0.05
1946	...	...	0.38	0.04
1947	...	...	0.30	0.05
1948	...	...	0.30	0.08
1949	...	...	0.24	0.03
1950	...	...	0.24	0.04

B.C.G.

Recent reports in this country and in America have tried to evaluate the status of B.C.G. vaccination. This vaccine, which is prepared from a non-virulent strain of the tubercle bacillus, was originally isolated in 1902, and has been used extensively in the Scandinavian countries for many years and in other parts of Europe.

It appears to be agreed that B.C.G. can do no harm, and that it probably affords some protection, though expert medical opinion in this country is not prepared to commit itself as yet to mass vaccination, confining it to nurses, medical students and contacts of cases of tuberculosis. It can be urged therefore, that all child contacts of all age groups who react negative to the tuberculin test should be given the advantage of vaccination.

The vaccine may be administered by mouth, under the skin or into the skin, the last named being the general method adopted, the shoulder (deltoid) area, or in the infant the buttock region, being generally selected.

Successful vaccination is measured by the production of a positive tuberculin test which is repeated each year to check the continuance of the acquired protection. There is a reaction on vaccination, usually not severe, and most prominent at the end of three weeks, the timetable being as follows:—

First Tuberculin Test (Intradermal)	Interval of six weeks	Second Tuberculin Test (Intradermal).
Negative.	No contact with known cases of tuberculosis.	If negative B.C.G. vaccination.
	Interval of six weeks	Third Tuberculin Test (Intradermal).
No contact with known cases of tuberculosis		Positive = successful vaccination.

It will be noted that during the period for vaccination, which takes about three months, the child must not be in contact with known active cases of pulmonary tuberculosis, so it will be realised that there are certain administrative difficulties. Attempts have been made to billet children with relatives or foster parents where the case cannot be admitted to hospital or sanatorium, but a recent memorandum indicates that while no change in the Ministry's attitude has taken place and it is desirable to arrange segregation wherever practicable, this ideal policy should not withhold vaccination from an exposed child if segregation is found to be, in fact, impossible.

The Ministry of Health have taken a positive line in this matter by making a supply of vaccine available nationally, and of definitely sponsoring B.C.G. vaccination of all tuberculin negative nurses, medical students and contacts throughout the country. It will be realised, however, that while vaccination may be expected to appreciably reduce the incidence of clinical tuberculosis in certain groups of people who are likely to develop the disease because of unusual exposure or poor resistance, or both, it is no substitute for public health measures.

MASS RADIOGRAPHY UNIT.

During the early part of 1950 preliminary discussions were undertaken with the Medical Director of the Norwich Mass Radiography Unit, to arrange for the Unit to visit Ipswich. The Unit commenced work in the town on the 19th June, 1950, and general observations lead to the assumption that the acceptance rate was good. Arrangements were made for the Unit to visit a number of the larger firms to carry out the work on the premises. In co-operation with this department the Radiography Unit was then stationed at the Wolsey Street Ambulance Depot and the Clapgate Lane and Allington Branch Clinics where the general public were invited to attend. The Medical Director and the Secretary of the Unit were provided with temporary accommodation in the Public Health Department and in this way a complete co-ordination and co-operation was effected. The Unit was still working at the end of the year and so it is not possible at this stage to give any figures.

VOLUNTARY SEALS SALES COMMITTEE.

A close liaison is effected with the Local Voluntary Seal Sale Committee of the National Association for the Prevention of Tuberculosis by the fact that the Medical Officer of Health is Secretary of the Voluntary Committee. The Care and After Care Sub-Committee of the Local Health Authority is strongly represented on the Voluntary Committee, and thus a complete integration of the assistance that is available from both statutory and voluntary funds is effective.

SECTION B (8).

NATIONAL HEALTH SERVICE ACT, 1946.

SECTION 29—DOMESTIC HELP SERVICE.

The Domestic Help Service continued to function throughout 1950, and the following tables will indicate the extent to which the service was utilised.

It is true to say again that the demands made on the service almost continuously exceeded the supply of labour available, which was limited throughout the year to the equivalent of 20 whole-time helpers or 880 hours of duty per week.

As during 1949, some measure of priority of need had to be employed. As a general rule mothers confined at home were given first priority, followed by cases where the mother of a young family was ill, and thus through the varying degrees of case to part time domestic assistance for old persons and others in temporary need.

At the beginning of the year, it was decided that where assistance is given to cases which come under the heading "chronically sick," the medical certificate which certifies that help is necessary should be renewed at two-monthly intervals. This, together with a slight increase in the number of visits paid by the Organiser, resulted in a closer check on the cases which continued to be in need and assisted also in finding relatives and friends who were prepared to give some assistance.

It was noticed through the year that the number of applications increased from families where the mother was required to enter hospital for treatment, as also did the requests for domestic assistance to households where tuberculosis cases resided.

Perhaps the item of particular note in this service was the very great demand made for domestic help to households where the mother was confined at home. These cases maintained an average of 18 per month throughout the year which, allowing approximately for absences owing to holidays and sick leave on the part of the domestic helpers, probably accounted for 44% of the service as a whole.

A Domestic Help Organiser is employed on a full time basis and she has the assistance of a part time General Division clerk. The scale of charges levied is based upon that recommended by the Association of Municipal Corporations and an Assessment Sub-Committee meets regularly to which cases of hardship may be referred.

	Help provided, No. of cases.		Hours of duty.		Bookings.	
	1949	1950	1949	1950	1949	1950
March Quarter ...	116	171	8,195	11,396	73	139
June „ ...	114	171	9,980	11,996	83	139
September „ ...	153	172	9,980	9,872	83	120
December „ ...	160	156	13,504	9,395	148	130
Total ...	543	670	41,659	42,659	—	—

The Domestic Help Service is particularly difficult to administer having regard to the varying degrees of case, the fluctuating demands and the need to allocate the available

help to the best advantage. Frequently this need rendered re-allocation of duties necessary even at mid-week in order that the most urgent cases should have immediate attention.

DOMESTIC HELP SERVICE.

Monthly statement of cases receiving help and hours of attendance during 1950.

	No. of Cases Receiving Help at Beginning of Month. (1)			No. of New Cases during Month (2)			No. of Cases Terminated during month. (3)			No. of Cases Receiving Help at end of month (4)			No. of Visits Undertaken by Organiser. (5)	No. of Hours of Duty Performed by Helpers. (6)			No. Employed (Full and Part time) (7)					
	MTB	O	T	M	TB	O	T	MTB	O	T	M	TB		O	T							
													T									
JANUARY	14	2	54	70	12	—	12	24	14	—	10	24	12	2	56	70	50	1520	76	2356	3952	42
FEBRUARY	12	2	56	70	10	—	20	30	9	—	19	28	13	2	57	72	58	1322	72	2359	3753	42
MARCH	13	2	57	72	15	—	21	36	13	—	18	31	15	2	60	77	65	1573	72	2427	4072	40
APRIL	15	2	60	77	12	1	23	36	12	—	13	25	15	3	70	88	74	1775	95	2877	4747	38
MAY	15	3	70	88	15	1	14	30	15	1	12	28	15	3	72	90	64	1768	95	1992	3855	40
JUNE	15	3	72	90	13	1	13	27	13	2	19	34	15	2	66	83	91	1029	81	3038	4148	40
JULY	15	2	66	83	27	—	7	34	27	1	7	35	15	1	66	82	88	1186	64	2359	3609	37
AUGUST	15	1	66	82	19	—	9	28	19	—	16	35	15	1	59	75	44	1315	20	1413	2748	36
SEPTEMBER	15	1	59	75	12	1	12	25	10	—	23	33	17	2	48	67	66	1559	172	1784	3515	32
OCTOBER	17	2	48	67	14	3	8	25	17	—	4	21	14	5	52	71	90	922	223	2187	3332	32
NOVEMBER	14	5	52	71	11	—	18	29	15	1	15	31	10	4	55	69	90	544	258	2033	2835	32
DECEMBER	10	4	55	69	20	—	13	33	19	—	16	35	11	4	52	67	88	1013	320	1895	3228	32

M—Maternity Case Confined at Home.

TB—Tuberculous Case.

O—All other Cases.

T—Total.

SECTION B (9).

NATIONAL HEALTH SERVICE ACT, 1946.

SECTION 51—MENTAL HEALTH SERVICE.

The Mental Health Service has continued its work during the year without any essential changes in the administrative structure.

The Mental Health Sub-Committee has met every two months as before, and has comprised seven members appointed by the Health Committee and two members co-opted by reason of knowledge and experience of mental health problems.

The Ipswich Mental Welfare Association has continued to act on behalf of the Authority, and the Senior Mental Health Officer in the Public Health Department has continued as the Secretary of the Association.

STAFF EMPLOYED IN THE MENTAL HEALTH SERVICE.

MEDICAL.

Medical Examination and, where necessary, certification is carried out by the Deputy Medical Officer of Health who, in association with the Senior Mental Health Officer, carries out routine visiting of defectives on licence or under guardianship.

SOCIAL:

Local Authority:

1. A Senior Mental Health Officer who is also a Duly Authorised Officer (female) under the Lunacy and Mental Treatment Acts.
2. A Duly Authorised Officer who also acts as a Mental Health Visitor.
3. Three part-time Duly Authorised Officers who undertake duty mainly after normal office hours of the Local Authority and at weekends. Two of these are Welfare Officers from the Social Welfare Department and the third is the Chief Clerk of the Public Health Department.

Ipswich Mental Welfare Association.

1. The Secretary of the Ipswich Mental Welfare Association who is also the Senior Mental Health Officer of the Local Authority as mentioned in (1) above.
2. Assistant Secretary of the Ipswich Mental Welfare Association who is also a Mental Health Visitor (female).
3. A Mental Health Visitor (female), who also acts as Home Teacher.

4. A female Supervisor of the Occupation Centre for ineducable children who holds the certificate of the Association for Mental Health as an experienced teacher.
5. A female Assistant Supervisor of the Occupation Centre.
6. A female Supervisor of women's classes.
7. A male Supervisor of men's classes.

CO-ORDINATION WITH REGIONAL HOSPITAL BOARDS AND HOSPITAL MANAGEMENT COMMITTEES.

This, as previously, has included the supervision of patients "on trial" or "on licence" from mental hospitals and has been undertaken as required by the superintendents of the hospitals or institutions concerned.

VOLUNTARY ASSOCIATIONS.

Arrangements were continued to retain the services of the following voluntary associations.—

1. The Ipswich Mental Welfare Association as already mentioned has been responsible for undertaking work in connection with the Mental Health Service on behalf of the Local Authority, including the organisation of an Occupation Centre, Adult classes and home training.
2. The Mental After-Care Association for providing Holiday Home accommodation and vocational guidance after mental illness, and
3. The National Association for Mental Health, as required for any individual cases.

ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

(a) Under Section 28 National Health Service Act, 1946.

Care and After-Care of 10 persons has been undertaken under Section 28 of the National Health Service Act. In six of these cases arrangements were made for admission to Mental After-Care Homes, or as voluntary patients to Mental Hospitals. Many cases of need come to the notice of the Voluntary Association by reason of its being known in the town and other cases are referred by the Ipswich Mental Hospital.

(b) Under the Lunacy and Mental Treatment Acts by Duly Authorised Officers.

Patients admitted to Mental Hospitals:—

	Males.	Females.	Total.
Voluntary Patients	5	5	10
Temporary Patients	9	30	39
By Urgency Orders	5	9	14
By Summary Reception Orders ...	8	7	15
Totals	27	51	78

*Work undertaken under the Mental Deficiency Acts.**(i) Ascertainment:*

	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Cases reported by Local Education Authority—			
(i) Under section 57(3) ...	2	6	8
(ii) Under section 57(5) ...	12	3	15
Other defectives ascertained during 1950 and placed under statutory supervision	3	3	6
Defectives reported during 1950 but not under statutory supervision ...	4	3	7
	—	—	—
TOTAL number of cases reported during the year	21	15	36
	—	—	—

Admissions to Institutions—

Males	8
Females	7
	—
	15
	—

Mental Defectives awaiting admission to Institutions:—

	31.12.49.	31.12.50.
Males	12	10
Females	10	12
	—	—
Total	22	22
	—	—

The shortage of institutional accommodation presents a serious and complex problem. There are naturally many medium and higher grade defectives who are likely to benefit from training and do useful work in a colony and who may well become sufficiently stabilised to be allowed out on licence and eventually regain their places as apparently normal members of the community.

There are equally however, idiots and other low grade defectives who never can become anything more than a burden on whoever undertakes the task of caring for them. These are, indeed, tragic social problems when the constant strain of attending the defective results in broken homes and health.

It is unfortunately in just these cases that it is most difficult to secure a vacancy in an institution.

Although 15 defectives were admitted to institutions during the year, the number on the waiting list is unchanged.

(ii) Guardianship and Supervision.

	Males.	Females.	Total.
Guardianship	3	4	7
Statutory Supervision	109	89	198
Voluntary Supervision	124	112	236
Totals	236	205	441

In addition, this department has undertaken the Supervision of cases on Licence at the request of the Royal Eastern Counties Institution, Colchester, and Heathfields, Ipswich.

	Males.	Females.	Total.
Royal Eastern Counties Institution ...	6	8	14
Heathfields	1	11	12
Totals	7	19	26

(iii) Training.

	Males.	Females.	Total.
Occupation Centre	14	11	25
Adult Classes	8	19	27
Home Teaching	3	20	23
Totals	25	50	75

IPSWICH OCCUPATION CENTRE.

The Occupation Centre is open daily except during school holidays and accommodates up to 25 children. Defectives of 2 years and over are taken though, in the case of boys, an age limit of 16 is imposed. The children are conveyed to and from their homes. A mid-day meal is provided and all the children rest for an hour on small folding beds afterwards.

Activities carried on at the Centre include, simple handicrafts for the older children, such as sewing, knitting, simple embroidery, weaving on canvas, plastercine modelling, drawing, making of dish mops and woollen balls, etc. For the younger children various teaching apparatus is provided including bricks, wooden pegs and blocks, etc. Many of the young children are unable to walk when they

first come to the Centre, but they are gradually encouraged to do so with such aids as a solid wooden horse on wheels, a doll's perambulator, and, at a later stage, a small tricycle. Large toys are provided such as a see-saw and a roundabout, and a sand heap is available when the weather permits.

Musical games and dancing, and also speech training, form part of each day's programme. A considerable amount of time is spent in teaching the children simple hygiene and, in the case of the younger children, much time is spent in training them in clean habits and to feed and dress themselves. In this way they gradually gain a measure of independence which should do much toward making them less of a burden in their own homes.

SECTION C.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Notifications.
Prevalence of Diphtheria.
Venereal Diseases.

The following Table gives (a) Number of cases of Infectious Diseases notified in Ipswich during 1950; (b) The notification rates per 1,000 living in 1950; and (c) the number removed to Hospital.

The numbers of cases notified in 1949 are given for comparison.

	AGE GROUPS.												Total	1949 figures	Notifi- cation rates 1950	Remo- vals to Isolat'n Hosp.	Mort- ality rate for whole Boro.
	0—	1—	2—	3—	4—	5—	10—	15—	20—	35—	45—	65+					
Scarlet Fever	3	1	3	12	11	98	18	4	3	—	—	—	153	83	1.47	52	—
Diphtheria	—	—	1	—	—	—	2	1	1	—	1	1	7	7	.07	7	.002
Pneumonia	—	1	—	1	1	2	—	—	1	4	5	1	16	36	.16	—	.027
Puerperal Pyrexia ...	—	—	—	—	—	—	—	—	7	1	—	—	8	16	.08	8	—
Erysipelas	—	—	1	—	—	—	—	1	4	1	12	2	21	15	.20	1	—
Ophthalmia Neonatorum	1	—	—	—	—	—	—	—	—	—	—	—	1	2	.01	1	—
Cerebro- Spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Jaundice ...	—	1	3	10	9	200	80	30	58	11	4	1	407	33	3.90	—	—
Polio-myelitis	—	—	—	—	—	1	—	—	3	—	—	—	4	5	.04	4	—
Measles ...	48	179	267	278	245	706	43	1	3	1	—	—	1771	242	17.0	44	—
Whooping Cough ...	14	22	24	28	23	80	3	2	1	—	—	—	197	429	1.89	2	—
Malaria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Paratyphoid(B)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning ...	1	2	5	3	1	2	3	3	3	4	4	1	32	74	.32	16	—
Dysentery	—	—	—	2	—	4	3	1	—	2	2	—	14	—	.12	—	—
Total ...	67	206	304	334	290	1093	152	43	84	24	28	6	2631	943	25.26	135	—

NOTE: The figures given in this Table are the "Corrected" ones and agree with the figures submitted to the Registrar-General as to final diagnosis.

THE PREVALENCE OF DIPHTHERIA.

Two deaths from diphtheria have been reported during the year.

The following Table provides the main facts with regard to Diphtheria prevalence since 1901 and also the percentage of cases removed to Hospital, together with the case fatality per cent.

The notifications for 1950 numbered 7.

Periods.	Notifications.		Removals.		Deaths. Case Fatality of Cases notified per cent.
	Numbers.	Attack Rates per 1,000 living	Numbers.	Proportion per cent.	
1901-1905	428	1.22	185	43	13.5
1906-1910	363	1.01	276	76	12.1
1911-1915	628	1.66	532	84	9.4
1916-1920	1,151	2.97	1,086	94	5.9
1921-1925	736	1.81	708	96	3.4
1926-1930	472	1.10	459	97	5.7
1931-1935	914	2.04	893	97	5.5
1931	348	3.97	336	96	6.9
1932	178	2.02	176	99	6.7
1933	135	1.51	132	98	5.1
1934	90	0.99	88	97	6.6
1935	163	1.78	161	98	1.2
1936	123	1.33	118	96	5.0
1937	16	0.17	16	100	—
1938	65	0.68	64	98	3.0
1939	67	0.69	67	100	1.5
1940	92	1.00	90	98	2.1
1941	78	0.92	68	87	5.1
1942	77	0.90	77	100	1.3
1943	71	0.83	71	100	8.4
1944	39	0.45	39	100	5.1
1945	91	1.02	91	100	2.2
1946	140	1.44	134	95	0.8
1947	43	0.43	32	74	7.0
1948	11	0.10	11	100	18.1
1949	7	0.07	7	100	—
1950	7	0.07	7	100	28.6

The following Table shows the behaviour of the Diphtheria death-rates since 1901.

Periods.	Males.		Females.		Persons.	
	No.	Rate.	No.	Rate.	No.	Rate.
1901-1905	30	.18	28	.15	58	.16
1906-1910	27	.15	17	.09	44	.12
1911-1915	35	.19	24	.12	59	.15
1916-1920	34	.18	34	.16	68	.17
1921-1925	9	.04	16	.07	25	.06
1926-1930	18	.08	9	.04	27	.06
1931-1935	26	.12	25	.10	51	.11
1936-1940	5	.02	7	.03	12	.03
1941-1945	5	.02	10	.04	15	.03
1931	13	.31	11	.23	24	.27
1932	7	.16	5	.10	12	.13
1933	2	.04	5	.10	7	.07
1934	2	.04	4	.08	6	.06
1935	2	.04	—	—	2	.02
1936	3	.06	3	.06	6	.06
1937	—	—	—	—	—	—
1938	2	.04	1	.02	3	.03
1939	—	—	1	.02	1	.01
1940	—	—	2	.04	2	.02
1941	1	.02	3	.06	4	.04
1942	—	—	1	.02	1	.01
1943	2	.04	4	.08	6	.07
1944	—	—	2	.04	2	.02
1945	2	.04	—	—	2	.02
1946	—	—	1	.02	1	.01
1947	2	.04	1	.02	3	.03
1948	1	.02	1	.02	2	.02
1949	—	—	—	—	—	—
1950	2	.02	—	—	2	.02

VENEREAL DISEASES.

The Venereal Diseases treatment centre for Ipswich is held at the East Suffolk and Ipswich Hospital by Dr. S. M. Laird, B.Sc., M.D., CH.B., F.R.F.P.S., D.P.H., the medical officer in charge.

Table I. shows the number of Ipswich patients dealt with for the first time during the year 1950, and Table II. gives the days and hours of out-patient sessions:—

TABLE I.

			No. of Cases.
Gonorrhoea	...	...	22
Syphilis	...	...	32
Other conditions	...	...	123
TOTAL			177

TABLE II.

HOURS OF OUT-PATIENT SESSIONS.		
Day	Males.	Females.
Monday	—	6 —8 p.m.
Tuesday	5—7 p.m.	2.30—5 p.m.
Wednesday	—	—
Thursday	—	10.30—12.30*
Friday	1—2.30 p.m.	2.30—5.30 p.m.

* Women and children.

SECTION D.

MISCELLANEOUS.

Food & Drugs Act, 1938, cases of food poisoning.

Health Education.

Welfare Services---Heathfields.

Registration of Nursing Homes.

Children Act, 1948.

Medical Examination of Staff.

Meteorological Notes.

FOOD & DRUGS ACT, 1938--FOOD POISONING.

There were 32 isolated cases of food poisoning reported during the year in 22 of which the cause was identified as due to a *Salmonella* infection. In addition there was a large outbreak occurring among those in attendance at a children's party, though here the exact nature of the infection was never established.

Of the 280 people attending-- made up largely of members of the police force, their families and friends-- it was only found possible to trace what had happened in 72 cases. From these figures it would appear that 74% of those attending went down with diarrhoea, vomiting or other symptoms of food poisoning. The illness lasted between 24 hours and 4 days and developed, on the average, 37 hours after the food was eaten.

Owing to the large number of those attending the party being children, it was particularly difficult to get an accurate account of the food eaten by any individual. 84% of those affected stated they had eaten at least one pork luncheon meat sandwich; of those unaffected, only 35% stated they had consumed this type of food. Although one of these meat sandwiches was recovered 70 hours later and was then found to be heavily contaminated bacteriologically, none of the organisms present were of the type that are normally responsible for food poisoning.

As other foods that were left over were found to be also contaminated, the case against the meat sandwiches must remain not proven.

HEALTH EDUCATION.

During the autumn a two-day course was held on "The Principles, Methods and Media of Health Education," and was attended by doctors, health visitors, midwives and domiciliary nurses; lecturers were provided by the Central Council of Health Education.

Though many practical tips were given, the value of courses of this nature is not so much in the factual material presented, but from the impact of ideas and stimulus of discussion which must bring home to all members of a health department that whatever their primary duties, they are, each and every one of them, teachers. The art of health education lies not so much in an ability to conduct a pre-conceived campaign, but in the cultivation of an attitude of mind—an instinct to know when an opportunity presents itself in the course of day to day routine to bring home a fact or piece of advice which is acceptable because it arises out of the problem of the moment.

WELFARE SERVICES.

RESIDENTS AT HEATHFIELDS SOCIAL WELFARE INSTITUTION.

Although no longer playing any part in the administration of residential accommodation provided under Part III. of the National Assistance Act, the medical officer of health is still responsible for providing general medical services for the people at Heathfields.

A doctor attends for several hours on two mornings a week and of course the medical staff is "on call" at other times.

In order to plan for the future, I was invited to assist in the classification of the people in Heathfields. The method of enquiry was devised to form an accurate picture of the needs of the type of resident who may, at any one time, be accommodated at an institution of this nature. Although the present population is largely composed of persons over 60, there are still 27 mental defectives detained under an Order for whom alternative accommodation cannot be found by the Regional Hospital Board. In addition, many of the younger patients are either themselves defective or in other ways social misfits or they would be able to lead a normal independent life in the world outside.

PERSONS RESIDENT AT HEATHFIELDS ON DECEMBER 31ST, 1950.

		<i>Males.</i>	<i>Females.</i>
Defectives detained under an Order ...	...	12	15
Deceased before classification ...	...	3	6
Transferred to hospital before classification ...	...	2	—
Discharged before classification ...	...	4	1
Persons classified:—			
Under 50 ...	...	5	5
50-54 ...	...	4	3
55-59 ...	...	7	1
Over 60 ...	...	91	59
Total Residents ...	...	128	90

Of 91 men over the age of 60, only 29 appeared suitable for a hostel; of the 62 considered unsuitable, 13 were excluded mainly on the grounds of being dirty, mentally infirm or otherwise anti-social. Of the 59 women, only 7 appeared suitable for a hostel. Of the 52 considered unsuitable, 10 were excluded mainly on social mental grounds.

The hostel envisaged was of the type provided at Burlington Road at which the standard of accommodation approaches that to be expected in a reasonable class of hotel or boarding house. The proportion of staff, however, to residents at such a hostel is necessarily low. The old people are expected to be in a reasonable state of health and many of them are absent from the hostel for long periods during the day. Clearly old people of the frail ambulant type who require considerable assistance in looking after themselves or who are frequently laid-up with sickness would not be suitable. Similarly the generally accepted ideas of a hostel resident ruled out those who, through their up-bringing or senile deterioration, were unfit to live in harmony with ordinary decent and reasonably clean old people. Naturally, however, it would be possible to plan hostels of a different standard so that residents might be accommodated in units smaller than the old type of workhouse institution.

The residents at present in Heathfields include a large number who might be described as infirm, e.g., 22 men and 30 women were not able to wash and dress themselves; 12 were registered blind persons; 22 were cripples. A further 22 had deteriorated mentally as well as physically and in five of these cases their state was bordering on that needing care in a mental hospital.

At any one time there are a number of infirm who would be more suitably cared for in a long stay hospital. Naturally such a category has no definite demarcation, but it would include persons who are likely to be more or less permanently bedridden or who can at best be allowed to exist propped up in a chair. They are persons who can do little for themselves in the way of keeping themselves clean, of dressing or even feeding themselves; many are permanently incontinent. There are a number of other cases, e.g., those suffering from cancer, who may not yet have reached such a state of incapacity, yet whose physical condition is steadily deteriorating and who already require a degree of nursing or medical care which cannot, without difficulty, be carried out in an institution other than a hospital.

While an establishment such as Heathfields should not be required to provide hospital treatment, it cannot, however, escape its responsibility for the care of the sick. It is felt that some further provision might well be made for the better nursing of both chronic sick awaiting a vacancy in a hospital, and also for the various forms of relatively minor illness which is inevitable from time to time, particularly in the winter months.

The conversion of existing wards for use as a sick bay would enable a more rational allocation of trained attendants who have had nursing experience. It is envisaged that provision would be made for about twelve male and twelve female beds of which a proportion would be kept as a reserve for transfer from other parts of Heathfields. Persons would not be admitted directly to the sick bay from their homes, nor would any vacant beds in the sick bay be regarded as available when considering applications for admission. Such a plan only involves minor structural alteration but may necessitate the engaging of further staff, although to some extent economy could be effected by the consequent reduction in staff necessary in other parts of the institution.

While one may regret the loss of the nursing facilities previously available to Heathfields' residents at the Borough General Hospital before it was taken over by the Regional Hospital Board, it must be recognised that the care of the sick is a natural responsibility associated with the care of old people. There are certainly a great number of healthy old people, but these can continue to manage for themselves in their own homes or, alternatively, relatives are quite glad to have them living with them. It is only when health begins to fail that the old people begin to seek the help of the local authority and it is consequently for these that plans must be made.

REGISTRATION OF NURSING HOMES.

This is not a matter falling to be dealt with under the Health Service Act, but under powers contained in Sections 187 to 194 of the Public Health Act, 1936, and is inserted here because it was contained in the Ministry's return.

Homes first registered during the year	—
Homes on the register at the end of the	
year	2
Number of beds provided for: Maternity	—
Others	29

No action was taken by the Authority during the year other than to carry out routine inspections.

CHILDREN'S HOMES.

General medical services are provided at Freeland's Nursery and the Children's Home, 158, Foxhall Road. In addition, children are inspected periodically, e.g., before boarding out.

MEDICAL EXAMINATION OF STAFF.

The Council's Sickness and Superannuation Schemes are an important buttress to more general measures of social security. They do, however, involve the public health department in carrying out a great deal of work; indeed there is a tendency for departments to take

these facilities for granted, and it may come as a surprise to record the number of medical examinations which are carried out on behalf of Corporation employees each year:

MEDICAL EXAMINATIONS CARRIED OUT 1st JANUARY-31st DECEMBER,
1950.

Type of Examination.

Superannuation	...	...	...	181
Council Sickness Scheme	...	...	...	151
Public Service Vehicle (statutory)	...	...	...	105
New Entrant	...	...	...	52
Determination of Fitness	...	...	...	25
Freedom from Infection	...	...	...	13
For other Authorities	...	...	...	4
				<hr/> 531

Personnel of Departments.

Transport Department	...	...	...	192
Borough Surveyor's Department	...	...	...	174
Education	„	...	...	55
Public Health	„	...	...	52
Welfare	„	...	...	19
Borough Treasurer's	„	...	...	9
Parks	„	...	...	6
Town Clerk's	„	...	...	5
Waterworks	„	...	...	5
Children's	„	...	...	4
Other Departments	...	...	...	10
				<hr/> 531

While a medical examination for Superannuation purposes is essential in that a permanently unfit employee may become a serious drain on the Superannuation Fund, which must ultimately be made good by the local ratepayers, the purpose with regard to the Council Sickness Scheme is more obscure, as although a full examination is always carried out, medical officers seldom feel justified in turning a man down unless he is obviously unfit to carry out his duties.

The position with regard to Transport examinations is complex; those acting as drivers or conductors on diesel buses must, by statute, be medically examined before commencing their duties; in fact all drivers and conductors are carefully examined, as is essential considering that life and property may be endangered. In addition, moreover, they become eligible for Superannuation purposes after three years' service and are re-examined at that time with a view to admission to the Scheme. The work involved in the examination of Transport employees is particularly heavy and, in that the department is a trading concern, it might appear that some transfer charge ought to be made if a true trading balance is to be shown.

METEOROLOGICAL NOTES, 1950.

It is of considerable interest to include meteorological data in the Annual Report of the Medical Officer of Health. I have very much pleasure, therefore, in setting out below details and figures which have been very kindly supplied to me by Messrs. Walter J. and Alfred G. Glenn, who are Fellows of the Royal Meteorological Society, and who maintain a voluntary meteorological station in Ipswich. The height of the station above mean sea level is approximately 145-ft.

All instruments used in the compilation of the appended table are equipped with N.P.L. certificates of accuracy. Readings are taken daily at 9 a.m. and the maximum and minimum temperatures, as well as the rainfall, refer to the preceding 24 hours. In accordance with official practice, the readings of the minimum thermometers are credited to the day on which the observation is made, whereas the readings of the maximum thermometer and the rain-gauge are credited to the previous day.

With the exception of the grass temperature, all the temperatures referred to in the appended summary are sited in a standard Stevenson screen, giving what is commonly known as the "shade temperature." The grass thermometer, fully exposed at night an inch or two above short grass, does not so much indicate the temperature of the surrounding air at that level as to register the temperature to which the thermometer itself has been reduced through loss of heat by radiation. It gives, therefore, some indication of the temperature to which an object—freely exposed to the sky—has been subjected. A ground frost is not reckoned to have occurred unless the grass thermometer has fallen to 30 deg. F. or less—2 deg. or more below freezing-point—that being the temperature at or below which damage to the tissues of growing plants may be caused.

So far as the 1950 temperatures are concerned, an interesting detail was the spell of mild nights during February—22 successive nights from the 1st to the 21st inclusive, during which the screen temperature did not fall below freezing-point (32 deg. F.) During this spell four slight ground frosts occurred.

The last ground frost of the Spring was on May 19th (25 deg. F.) and the first Autumn frost was on October 15th (29 deg. F.)

On three days during the year the screen temperature failed to rise above freezing-point (32 deg. F.)—January 25th and 29th and December 15th.

Under the heading of rainfall will be found, in addition to the total and heaviest fall in each month, the total number of rain days in each month. For official purposes, a "rain day" is logged whenever

the total rainfall for the 24 hours ending 9 a.m. exceeds 0.01 ins. As a matter of interest, the longest rainy and dry spells respectively taking 0.01 ins. as the criterion — were as follows:—

Longest rainy spells (inclusive dates):—

8 days — March 16th to 23rd and September 19th to 26th.

7 days — February 4th to 10th and May 2nd to 8th.

Longest dry spells (inclusive dates):

16 days — February 26th to March 13th.

15 days — May 28th to June 11th.

11 days — October 18th to 28th.

10 days — January 6th to 15th and May 9th to 18th.

A period of at least 15 days to none of which is credited 0.01 ins. or more qualifies for the official description of an “absolute drought” and it will be noted that two such droughts occurred during 1950.

An interesting point was the immediate succession of a dry spell following the short wet spell from May 2nd to 8th. Similarly, a wet spell quickly followed the lengthy dry spell of February 26th to March 13th.

The total rainfall for the year, 22.87 ins., was very slightly below the normal for the district.

METEOROLOGICAL SUMMARY, 1950.

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TEMPERATURES.

RAINFALL.

In Screen.

On Grass.

	Highest Maximum		Lowest Minimum		Highest Minimum		Lowest Minimum		No. of Ground Frosts	Total		No. of rain days
	°F. Date	°F. Date	°F. Date	°F. Date	°F. Date	°F. Date	°F. Date	°F. Date		Inches	Inches	

January	54 11th	21 27th	31 25th	46 11th	16 27th	16 27th	16 27th	16 27th	16	1.28	0.36	9
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February	61 17th	23 28th	43 6th	49 16th	16 27th	16 27th	16 27th	16 27th	8	2.35	0.41	17
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March	63 8th	25 2nd	46 10th	47 17th	17 1st	17 1st	17 1st	17 1st	9	0.53	0.13	9
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April	66 21st	26 25th	42 25th	47 8th	18 26th	18 26th	18 26th	18 26th	11	1.23	0.20	15
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May	74 21st	32 19th	51 25th	54 22nd	25 19th	25 19th	25 19th	25 19th	3	1.41	0.48	13
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June	88 7th	46 16th	60 14th	62 8th	37 16th	37 16th	37 16th	37 16th	—	1.45	0.42	9
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July	83 9th	48 2nd	58 3rd	64 19th	40 2nd	40 2nd	40 2nd	40 2nd	—	3.14	0.74	15
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August	80 8th	44 28th	65 3rd	63 9th	38 28th	38 28th	38 28th	38 28th	—	2.63	0.44	15
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September	74 4th	43 21st	55 26th	58 5th	38 23rd	38 23rd	38 23rd	38 23rd	—	3.16	1.15	21
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October	68 5th	30 27th	46 29th	53 6th	20 27th	20 27th	20 27th	20 27th	7	0.43	0.19	9
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November	56 28th	26 27th	37 26th	44 2nd	19 27th	19 27th	19 27th	19 27th	16	3.76	0.74	22
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December	50 1st	22 5th	31 15th	43 1st	11 5th	11 5th	11 5th	11 5th	22	1.50	0.26	17
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Year	88 6th	21 27th	31 25th	64 19th	11 5th	11 5th	11 5th	11 5th	86	22.87	1.15	171
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SECTION F.

SANITARY CIRCUMSTANCES OF THE AREA.

1.—WATER SUPPLY.

(i) *Supplies Statistics.*

The Water supply for the whole of Ipswich has been in every way satisfactory as regards quality, and in quantity.

The total quantity of water pumped during the year was 1,335,009,000 gallons, against 1,454,223,800 in the previous year, showing a decrease of 119,214,800 gallons. This decrease may be accounted for in that the figure for 1949 was estimated, while the figure for 1950 is accurate as shown on the newly fitted meter.

(ii) *Purity.*

Bacteriological and chemical examinations are made of the raw water at the pumping stations and at the reservoirs after chlorination.

During the year, 82 samples of water were examined by the Public Analyst, 81 being from the town's supplies and 1 from a private borehole in a factory.

The copy of a certificate of analysis of waters sampled by the Public Analyst shown on page 93 can be taken as an average of results shown over the whole year.

(iii) *Plumbo Solvency.*

None of the Ipswich waters is plumbo solvent.

(iv) *Potential Contamination.*

Bacteriological tests have been instituted for all waterworks employees but no carrier conditions have been discovered.

(v) Number of dwelling houses supplied from public water mains in Ipswich at 31st March, 1950 was 30,986. These are mostly supplied direct. Bulk supplies by meter are also afforded to R.N. Barracks, Shotley, to the Samford R.D.C., to villages on route to Shotley and to Bramford in the Gipping R.D.C.

I am indebted for much of the above information to Mr. John B. Storey, A.M.I.C.E., M.I.MUN.E., A.R.I.C.S., Borough Surveyor and Water Engineer.

2. CLOSET ACCOMMODATION.

All premises are served by water closets except a few on the outskirts and unsewered parts of the Borough.

INVESTIGATION OF ATMOSPHERIC POLLUTION

DEPOSIT IN TONS MIL²

(a) Dissolved
(b) Undissolved

(d) Wt. of SO₂ collected
(Mg / 100 sq. cm.)
day

23

22

21

20

19

18

17

16

15

14

13

12

11

10

9

8

7

6

5

4

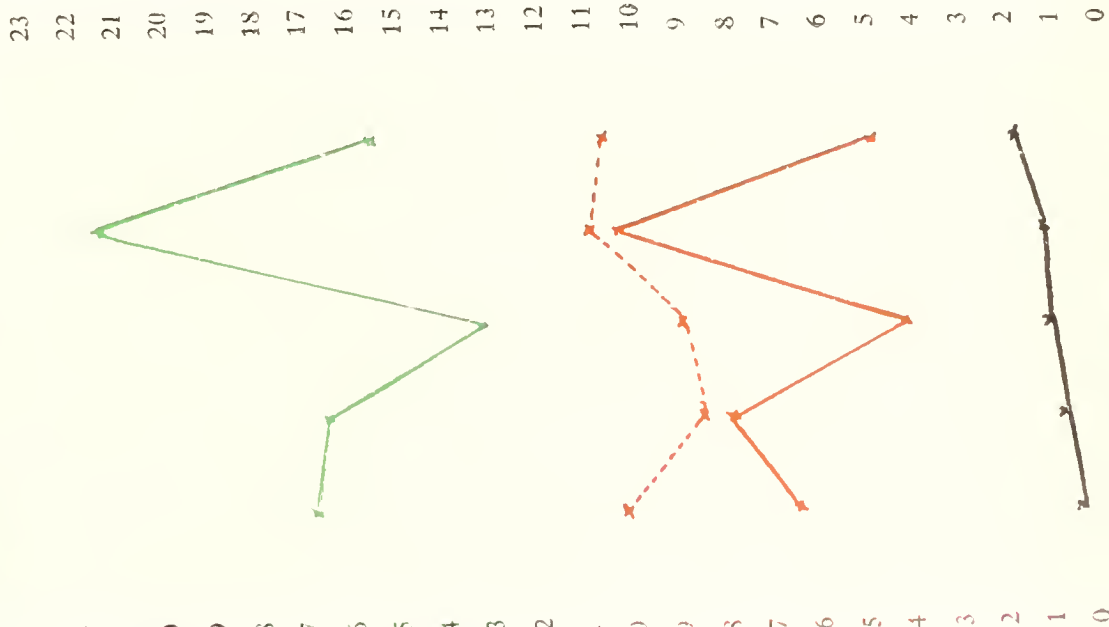
3

2

1

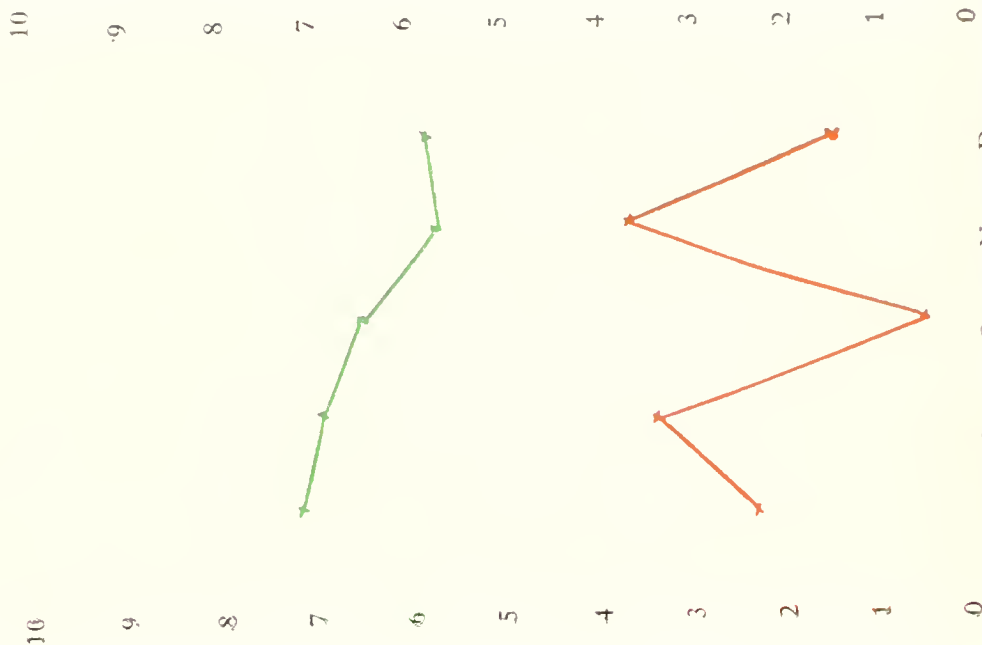
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GRAPH
"A"



AUG. SEPT. OCT. NOV. DEC.

GRAPH
"B"



AUG. SEPT. OCT. NOV. DEC.

W. LINCOLN SUTTON, F.R.I.C.

ERIC C. WOOD, Ph.D., A.R.C.S., F.R.I.C.

Public Analysts.

Norfolk & Suffolk County Laboratory
Redwell Street,
Norwich.

1st April, 1950.

CERTIFICATE OF ANALYSIS OF WATER.

6 Samples collected from Ipswich public supply by E.C.W. on the 21st March, 1950. Nos. A. 3954-9.

Mark or Seal as under. The chemical results are stated in parts per million.

No.	Distinctive No. or Label.	Nitrogen		Chloride as Chlorine	Nitric Nitro- gen	Nitrous Nitro- gen	Hardness (Soap Test)		Bacteriological Results		Physical Characters and other data.
		Ammoni- acal.	Albumi- noid.				Temp.	Perm. Total	Colonies per ml. on agar at 37° C.	Bacillus Coliform	
20	Waterworks St. Well	0.01	0.01	40	4.8	nil	24.9	114	36.3	none	100 ml.
21	Spring Rd. Resvr.	0.01	trace	40	4.0	nil	24.0	103	34.3	2	"
22	Park Rd. Resvr.	0.02	0.01	40	3.6	nil	24.0	86	32.6	2	"
23	Whitton Well	trace	0.01	40	3.6	nil	23.9	87	32.6	1	"
24	Westerfield Well	0.01	0.01	63	4.4	nil	21.4	129	34.3	5	"
25	P.H. Office Tap.	trace	0.01	40	3.6	nil	23.7	93	33.0	none	"

REMARKS.—These analyses indicate as usual a pure and wholesome water very suitable for all the purposes of a public supply.

It will be noted that the bacteriological results have returned to their usual uniform excellence.

LINCOLN SUTTON & WOOD,

(signed) Eric C. Wood.

3. --SANITARY INSPECTION OF THE AREA.

The Chief Sanitary Inspector, Mr. H. L. Baty, reports as follows : -

Analysis of Inspections.			1950
Private Houses	...	...	3,125
Houses visited or measured for "Permitted Number"			40
Van Dwellings	...	...	47
Common Lodging Houses	...	...	5
Houses with reference to application for Council Houses			542
Damp Houses	...	...	101
Overcrowded Houses	...	...	173
Verminous Houses	...	...	268
Total Inspections of Housing conditions			4,301
Slaughter-houses	...	...	987
Butchers' Shops	...	...	241
Cowsheds	...	...	12
Dairies and Shops Selling Milk	...	...	296
Bakehouses	...	...	239
Ice Cream Premises	...	...	367
Fried Fish Shops	...	...	201
Cafes and Restaurants	...	...	159
Wholesale Food Warehouses	...	...	169
Miscellaneous Food Premises	...	...	441
Food Inspections at Office	...	...	66
Total Inspections with reference to Food			3,178
Visits after Infectious Diseases	...	...	922
Shops	...	...	276
Factories (Power and Non-power)	...	...	171
Schools	...	...	37
Places of Entertainment	...	...	21

Analysis of Inspections— <i>continued.</i>				1950
Offensive Trade Premises	...	...	...	9
Complaints Investigated	...	...	...	1,693
Visits <i>re</i> Works in Progress and Completed	...	...	...	2,807
Interviews at Office	...	...	...	2,106
Port Health Work	...	...	...	304
Offices	...	...	...	19
Miscellaneous Inspections	...	...	...	1,658
Total of other Inspections	...	...	...	10,023
Total Inspections made during the year	...	...	...	17,502

Analysis of Work Carried Out.				1950
Drains inspected	...	...	...	511
Drains smoke tested	...	...	...	145
Drains water tested	...	...	...	6
Drains unblocked and cleansed	...	...	...	126
New drains constructed	...	...	...	27
Drains repaired	...	...	...	60
New gullies fixed	...	...	...	13
Inspection chambers provided	...	...	...	11
Inspection chambers repaired	...	...	...	22
Vent Shafts repaired	...	...	...	6
New vent shafts provided	...	...	...	1
New water-closets provided	...	...	...	11
New water-closet pans provided	...	...	...	36
New seats fixed to water-closets	...	...	...	24
Water closet seats repaired	...	...	...	3
Water-closets cleansed	...	...	...	1
Water-closets repaired	...	...	...	45
New flushing apparatus provided	...	...	...	5
Flushing apparatus repaired	...	...	...	20
New flush pipes fixed	...	...	...	—
Flush pipe joint repaired	...	...	...	3
New sinks and waste pipes provided	...	...	...	20
Cesspools cleansed	...	...	...	14
Lavatory basins provided	...	...	...	5
Bathrooms provided	...	...	...	2
Total Drainage Works carried out	...	...	...	1,117

Analysis of Work Carried Out—*continued.*

1950

Chimney stacks repaired	13
Roofs repaired	148
Roof-gutters repaired or renewed	8
Rain water pipes and eaves-gutters repaired or renewed	84
Brickwork repointed	42
Dampness remedied	10
Yards re-paved or yard pavings repaired	6
New floors provided	4
Walls cement rendered	23
Floors repaired	57
Ceiling plaster repaired	89
Wall plaster repaired	85
New fireplaces provided	24
Fire grates repaired	33
New Coppers provided	2
Coppers repaired	23
Sash-cords renewed	59
Windows repaired	65
New Doors Fixed	1
Doors repaired	30
Ash Bins provided	16
Lighting improved	1
Ventilation improved	4
Miscellaneous repairs	12
Total works carried out to Houses	839
Premises limewashed	6
Dirty houses cleansed	25
Dirty persons cleansed	8
Removals of refuse and manure	25
Sulphur dioxide fumigations	8
Liquid insecticide treatments	135
Total of other works carried out	207
Total works carried out during the year	2,163

PROGRESS OF NOTICES.

Preliminary Notices Served	...	...	...	...	342
Preliminary Notices Completed	...	...	...	...	321
Statutory Notices Served	...	...	...	...	4
Statutory Notices Completed	...	...	...	...	2

SHOPS AND OFFICES.

Inspections under the Shops Acts, 1912-1936 have been made as follows:—

Visits	...	...	...	...	...	276
Re-Visits	...	...	...	...	...	53
Number of premises where additional or improved sanitary conveniences were provided						1
Number of premises where washing facilities were provided						5

CAMPING SITES.

Two licensed caravan sites were in use in the Borough during 1950.

SMOKE ABATEMENT.

Sixty complaints have been investigated and revealed, in some instances, that the boilers were not designed to use the type of fuel being supplied, but little could be done to reduce the nuisance from smoke in the absence of a supply of proper fuel.

Some improvement was obtained in a few cases by better stoking methods and, in one case, by alterations to the boilers.

SWIMMING BATHS AND POOLS.

There has been no change during the year in the facilities for public baths in the Borough. Conditions remained satisfactory.

ERADICATION OF BED BUGS.

Number of Council houses found to be infested	...	...	30
Number of other houses found to be infested	...	...	59
Number of Council houses disinfested	...	...	30
Number of other houses disinfested	...	...	59

There has been no change since last year in the procedure for dealing with bug infestation.

SCHOOLS.

Thirty-seven routine visits were made to the schools during the year.

EXHUMATIONS.

One exhumation under Home Office Licence was carried out under the supervision of this department.

LAND CHARGES ACT.

1,424 enquiries under this act were dealt with.

HOUSING.

1.—INSPECTION OF DWELLING-HOUSES DURING THE YEAR.

(1) (a)	Total number of dwelling-houses inspected for housing defects under Public Health or Housing Acts	2,673
(b)	Number of inspections made for the purpose	5,480
(2) (a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 ...	86
(b)	Number of inspections made for the purpose	86
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	1
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	334

2.—REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	125
--	-----

3.—HOUSING ACT, 1936, PART IV. OVERCROWDING.

(a) (i.)	Number of dwellings overcrowded at the end of the year	37
(ii.)	Number of families dwelling therein ...	46
(iii.)	Number of persons dwelling therein ...	326
(b)	Number of new cases of overcrowding reported during the year	28
(c)	Number of cases rehoused during the year	31
(d)	Number of persons concerned	276

NOTE. In previous years "nil" figures have been shown under certain headings. To save space this year, headings with a "nil" return have been entirely deleted.

INSPECTION AND SUPERVISION OF FOOD.

1. MILK SUPPLY.

(a) Inspection of dairies under the Milk and Dairies Regulation, 1949.

Number of dairies on register	...	...	...	22
Number of distributors on register	...	...	...	24
Number of visits to dairies and shops selling milk	...	...	...	296
Number of dairies improved structurally	...	...	...	6

(b) Bacteriological examination of milk.

Number of samples taken—school milk	...	...	...	28
Number of samples taken—non-designated milk	...	...	...	36
Number of samples taken—designated milk	...	...	...	123
Number of samples taken for biological tests for tubercle bacilli, etc.	...	...	...	24

(c) Milk (Special Designations) (Pasteurised & Sterilised Milk) Regulations, 1949. Milk (Special Designations) (Raw Milk) Regulations, 1949.

Number of Dealer's (Pasteurised's) Licenses issued	...	...	...	3
Number of Dealer's Licenses issued authorizing the use of the special designation "Pasteurised"	...	...	...	13
Number of Supplementary Licenses issued authorizing the use of the special designation "Pasteurised"	...	...	...	1
Number of Dealer's Licenses issued authorizing the use of the special designation "Tuberculin Tested"	...	...	...	13
Number of Supplementary Licenses issued authorizing the use of the special designation "Tuberculin Tested"	...	...	...	1

(d) In accordance with the Ministry of Health circular M.C. 405 III DI dated 18th March, 1950, the following samples of milk were taken from a local hospital dairy farm for bacteriological examination:

Number of samples taken for examination by the methylene blue reduction test	...	...	...	13
Number of samples taken for biological tests for tubercle bacilli and Brucella abortus	...	...	...	8

2. MEAT AND OTHER FOODS.

CARCASSES INSPECTED AND CONDEMNED.					
	Cattle, excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed (if known) ...	2,966	902	2,621	5,588	87,775
Number inspected ...	2,966	902	2,621	5,588	87,775
<i>All diseases except Tuberculosis</i> Whole carcasses condemned	9	13	26	44	120
Carcasses of which some part or organ was condemned ...	1,340	362	21	205	8,513
Percentage of the number in- spected affected with disease other than tuberculosis ...	45.5	41.5	1.8	4.4	9.8
<i>Tuberculosis only.</i> Whole carcasses condemned	7	35	8	—	52
Carcasses of which some part or organ was condemned ...	409	286	7	—	7,857
Percentage of the number in- spected affected with tuber- culosis ...	13.7	35.6	0.57	—	9.01

The total number of carcasses examined, as shown in the above table, is 99,832. It is difficult to visualise the immense amount of work involved in carrying out inspection of that number of animals. However, it may be indicated by realising that if these animals were placed in a line and head touching tail, such a line would stretch more than seventy miles.

Number of animals examined (Ante-Mortem) ... 23,203

Number of Government controlled slaughterhouses
in use at end of year ... 2

3,112 visits were paid to food premises during the year as a result of which improvements were made as under, following informal action by this department.

Water heaters provided	...	...	...	17
Premises re-decorated	...	...	...	20
Floors and walls tiled	...	...	...	7
Floors repaired	...	...	...	1
New sinks or lavatory basins provided	...	...	...	13
Premises treated with insecticide	...	...	...	3
Steam sterilisation of utensils introduced	...	...	...	1
Premises enlarged or remodelled	...	...	...	3
Up-to-date equipment provided	...	...	...	7

CYSTICERCUS OF TAENIA SAGINATA.

During the year twenty-one specimens of *Cysticercus* of *Taenia saginata* were found in cattle examined at slaughterhouses in Ipswich.

In each case an attempt was made to trace the owner of the beast affected, to obtain information as to pastures on which the beast had grazed or possible contact with "displaced persons" or foreign persons who had worked on the farm, or proximity to prisoner of war camps, etc. The results of these investigations were not very satisfactory.

The under-mentioned foodstuffs were condemned as unfit for human consumption during the year:

BEASTS

Carcases	...	...	...	...	69
Part carcases	..	...	...	...	262
Heads	...	...	...	...	352
Tongues	...	...	...	...	335
Lungs	...	...	...	...	658
Livers	...	...	...	...	1,334
Part livers	...	...	...	...	348
Mesenteries	...	...	...	...	26
Tripes	...	...	...	...	25
Intestines	...	...	...	...	29
Kidneys	...	...	...	...	56
Kidney Suet	...	...	...	...	17
Hearts	...	...	...	...	31
Spleens	...	...	...	...	16
Caul Fat	...	...	...	...	1
Udders	...	...	...	...	4
Skirts	...	...	...	...	44
Forequarters	...	...	...	...	54
Hindquarters	...	...	...	...	8
Mesentery Fat	...	...	...	...	70
Sets of Offals	...	...	...	...	78

CALVES—

Carcases	...	...	...	...	30
Part-Carcases	...	...	...	...	4
Plucks	...	...	...	...	16
Livers	...	...	...	...	6
Lungs	...	...	...	...	1
Hearts	...	...	...	...	1
Head and Tongue	...	...	...	...	1
Sets of Offals	...	...	...	...	28

SHEEP—

Carcases	...	...	...	...	40
Part carcases	...	...	...	...	94
Plucks	...	...	...	...	93
Livers	...	...	...	...	135
Lungs	...	...	...	...	5
Sets of Offals	...	...	...	...	36

Pigs —

Carcases	...	...	...	...	183
Part carcases	...	...	...	...	1,770
Sets of Offals	...	...	...	...	1,060
Heads	...	...	...	...	5,356
Necks	...	...	...	...	363
Plucks	...	...	...	...	5,151
Livers	...	...	...	...	331
Lungs	...	...	...	...	39
Hearts	...	...	...	...	24
Intestines	...	...	...	...	7
Skirts	...	...	...	...	10
Legs ...	...	...	...	...	104
Flecks	...	...	...	...	700
Hocks	...	...	...	...	215
Forends	...	...	...	...	67
Kidneys	...	...	...	...	57
Belly strips	...	...	...	...	798
Flares	...	...	...	...	24
Mesenteries	...	...	...	...	3,462
Tenderloins	...	...	...	...	27
Mesentery Fat	...	...	...	...	24

Bacon, Imported Meats, Sausages, etc.	{	4 lamb carcasses
Bacon and Meat (tinned)	...	11,965 lbs.
Chickens and Geese	...	2,189 tins
Meat Paste	...	5 tins
Meat Pies	...	51 lbs.
Fish	...	80 jars
Fish	...	24
Fish Paste	...	2,267 lbs.
Milk ...	...	1,611 tins
Soup	...	228 jars
Vegetables	...	2,176 tins
	{	334 tins
	{	2,514 tins
	{	10 tons 4 cwts.
Fruit	...	1,870 tins
Dried Fruit	...	99 lbs.
Fruit Juice	...	162 lbs.
Tomato Paste	...	133 tins
Bread, Flour, etc.	...	101 tins
Cereals	...	3,291 lbs.
	...	142 pkts.

Cake and Bun Flour, etc.	...	...	345	pkts.
Cakes	...	...	47	lbs.
	...	...	359	
Macaroni and Spaghetti	...	...	197	lbs.
Tea, Coffee and Cocoa	...	...	35	tins.
Horlicks	...	...	14	jars
Cheese, Butter, Margarine, Cooking Fat, etc.	...	...	1,435	lbs.
Cheese (Camembert, etc.)	...	...	5	boxes
Jam, Marmalade, Honey and Syrup	...	...	1,325	lbs.
Pickles	...	...	103	jars
Sauces	...	...	1,145	bottles
Salad Dressing and Mayonnaise	...	...	1,075	jars
Eggs	...	...	595	
Dried Eggs	...	...	20	lbs.
Liquid Egg	...	...	1	tin
Suet	...	...	49	pkts.
	...	...	52½	lbs.
Sweets and Chocolates	...	...	124	
Fruit Puddings, etc.	...	...	1	tin
Custard Powder, Dessert Mould	...	...	124	lbs.
Jellies	...	...	15	pkts.
Semolina	...	...	49	pkts.
Bovril, Oxo, Torox, etc.	...	...	1,472	jars
Ginger Wine	...	...	9	bottles
Flavouring Essences	...	...	16	pkts.
	...	...	68	bottles
Baking Powder, etc.	...	...	10	pkts.
Salt	...	...	54	pkts.
Pepper	...	...	5	pkts.
Mustard	...	...	23	tins
Mint Sauce	...	...	1	bottle
Choc. Spread, Sunny Spread, etc.	...	...	281	pkts.

3—FOOD AND DRUGS ACT, 1938.

The following Table shows the samples taken during the year:—

ARTICLE	Samples taken.		Samples genuine		Samples adulterated.	
	Formal	Informal	Formal	Informal	Formal	Informal
Milk and Cream	69	5	55	5	14	—
Other Foods	1	184	1	180	—	4
Totals	70	189	56	185	14	4

The following actions were taken during the year: -

Sample No.	Article.	Offence.	Action.
65 1949	Blue Peas	(a) Not of nature and quality demanded. (b) Unfit for human consumption.	Proceedings under sections 3 and 9 of the Foods and Drug Act, 1938. Cases dismissed by Local magistrates. Appeals successfully made to High Court resulting in fines totalling £20 and 5 guineas costs being inflicted on vendor.
59	Milk ...	6.7% deficient in milk fat.	Warning letter sent.
61	Milk ...	23% deficient in milk fat.	Warning letter sent.
62	Milk ...	6% deficient in milk fat.	Warning letter sent.
101	Jelly Crystals.	Did not comply with setting test prescribed in Food Standards (Table Jellies) Order, 1949.	All stock sold before formal sample could be taken.
132	Lemon Curd.	27.5% deficient in fat.	All stock withdrawn by manufacturer before formal sample could be taken.
141	Beef Suet ...	2.4% deficient in fat.	Remainder of consignment sold before formal sample could be taken.
165	Indian Brandee	Spirit of Nitrous ether 48.8% deficient.	Very old stock withdrawn by manufacturer.
227	Lemon Curd.	10% deficient in fat.	All stock sold before formal sample could be taken. (Sample was last jar of old stock taken over by new proprietor of shop).

Further action:—

1. A sample of an "effervescent soft drink powder" was taken for analysis and the ingredients were found to be as declared on the label. The analyst further reported, however, that he had reason to believe that young children were purchasing this article and eating it dry as if it were sherbert and the ingredients were such that if eaten dry they would cause diarrhoea. After correspondence with the manufacturers it was found that the sample taken was from old stock and this stock was withdrawn from sale. The manufacturers were producing new stock on an amended formula.
2. Proceedings were taken under sections 9 and 13 of the Food and Drugs Act, 1938, against a baker for selling a loaf of bread containing mice excreta, having food in their possession which was unfit for human consumption, and for lack of cleanliness and poor state of repair of the premises. The firm was fined a total of £30 and three guineas costs on eight charges.
3. A sample of "chocolate laxative tablets" was taken for analysis and found to be genuine. The analyst was of opinion, however, that name of the product, "Castorvims," was misleading as it would lead the purchaser to expect the presence of castor oil as the active ingredient, whereas the oil was absent. After correspondence with the manufacturer it was noted that on large packs of the tablets a statement was made to the effect that phenolphthalein one of the ingredients, was a perfect substitute for castor oil. The statement was not included in the wrapper of the small size pack, but the manufacturers undertook to ensure that the small wrappers were suitably amended.
4. A loaf of bread was purchased from a bakery and found to contain a piece of glass. The firm undertook a very thorough investigation into the complaint, but were unable to find out how the glass could have entered the loaf. In this case a warning was given to the vendors.
5. A Cornish pasty purchased from a local bakery was found to contain a piece of a bandage finger dressing. Enquiry revealed extenuating circumstances and a warning letter was sent to the baker in this instance.
6. A bag of flour purchased from a local shop was found to contain mice excreta. Further samples were taken and sent for analysis, but no evidence of contamination was found in the samples nor on the shop premises. Warning letters were sent to the retailer and the flour millers.
7. A cherry cake was purchased from a local bakery and found to contain a used finger dressing. The firm undertook an exhaustive investigation, but were unable to trace any means by which the finger dressing could have entered the cake. A warning letter was sent to the firm concerned.

4. ICE CREAM EXAMINATION.

1. Ninety-four samples of Ice Cream were obtained during the year from retailers and manufacturers in the district for bacteriological examination. Where samples were found to be in Grades 3 or 4, action was taken to improve the standards.

5. CLEAN FOOD CAMPAIGN.

Byelaws on the handling, wrapping and delivery of food and sale of food in the open air have been made and came into operation in the Borough on the 26th June, 1950.

During the year a number of educative talks on hygienic food handling have been given to members of Women's Guilds, voluntary organisations, local food trade associations and their employees and to groups of school children and student nurses.

There are approximately 1,800 shops in the Borough of which over 1,000 are concerned with the sale of food. Systematic inspections of these premises are carried out and during the year much attention has been given to the improvement of structural and working conditions. The principal improvements have been the provision of better washing facilities and the removal of harbourage for dirt and rubbish, and prevention of contamination of food exposed for sale in the shops.

ANNUAL RETURN OF FOOD POISONING NOTIFICATIONS (Corrected).

1. *Food Poisoning Notifications* (Corrected) *Returned to R.G.*

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
Nil.	18	12	2	32

2. *Outbreaks Due to Identified Agents.*

Total Outbreaks ... Nil. Total Cases ... Nil

3. *Outbreaks of Undiscovered Cause.*

Total Outbreaks ... Nil. Total Cases ... Nil.

4. *Single Cases.*

Agent identified ... 22 (*salmonella* Typhi-murium).
Unknown Cause ... 10 Total, 32.

SLAUGHTER OF ANIMALS ACT, 1933.

Number of slaughtermen's licences renewed ... 33

" " " " issued (new) ... 4

DISEASES OF ANIMALS ACTS, 1894-1937. Nil.

TUBERCULOSIS ORDER, 1938.

Nine cows were slaughtered in the Borough under this Order.

ANIMALS (IMPORTATION) ORDER, 1930. Nil.

FERTILIZERS AND FEEDING STUTES ACT. Nil.

MERCHANDISE MARKS ACT—Nil.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

Visits to premises by Sanitary Inspectors ... 385

Infestations investigated by Rodent Operatives ... 1,483

Number of bodies recovered Rats ... 2,290

Mice ... 1,839

FACTORIES AND WORKSHOPS, YEAR 1950.

Premises.	Number on Register.	Number of		
		Inspec- tions.	Written notices.	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	96	16	3	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	495	116	4	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	30	35	5	—
TOTAL ...	621	167	12	—

Particulars	No. of cases in which defects were found.				No. of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	2	2	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) insufficient ...	5	5	—	—	—
(b) unsuitable or defective ...	6	5	—	5	—
(c) not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ...	—	—	—	—	—
TOTAL ...	13	12	—	5	—

SECTION G.

**PORT OF IPSWICH HEALTH AUTHORITY.
REPORT FOR 1950.**

**I. — AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR
1950: —**

TABLE A.

		No.	Ton- nage.	No. inspected		No. Reported to be Defective	No. of Vessels on which defects were remedied	No. of Vessels on which defects were found and reported to the Min. of Transport Surveyors	No. of Vessels having or during the voyage, Infectious Diseases on bd.
				By the Medical Officer	By the Port Health Inspector				
FOREIGN									
Steamers	...	42	61,041		33	5	4	—	—
*Motor	...	98	23,687		64	7	7	—	—
Sailing	...	—	—		—	—	—	—	—
Fishing	...	—	—		—	—	—	—	—
Total Foreign	140		84,728		97	12	11	—	—
COASTWISE									
Steamers	...	403	308,937		69	9	9	—	—
*Motor	...	698	114,726		67	4	3	—	—
Sailing	...	205	12,510		49	2	2	—	—
Fishing	...	—	—		—	—	—	—	—
Total Coastwise	1,306		436,173		185	15	14	—	—
Total Foreign and Coastwise	1,446		520,901		282	27	25	—	—

* Includes mechanically propelled vessels other than steamers.

II. CHARACTER OF TRADE OF PORT: —

TABLE B.

- (a) *Passenger Traffic during the year* Nil.
- (b) *Cargo Traffic.* Principal imports: coal, oil, spirit, grain, timber, road stone, phosphates, molasses, potash, fertilizer, pyrites, S ammonia. Principal exports: machinery, scrap metal, wheat, burnt ore, flour, fertilizers, sugar.
- (c) *Foreign ports from which vessels arrive.* Abo, Amsterdam, Antwerp, Archangel, Aruba, Bona, Casablanca, Delfzijl, Esbjerg, Fiume, Fredriksund, Gothenburg, Hamburg, Helsingfors, Huckva, Kotka Kovda, Maashuis, Montreal, Nantes, Norrköping, Porsgrund, Riga, Rotterdam, Rouen, Sfax, Sorel, Stege, Saint John N.B., Stralsund, Three Rivers, Tomay Charente, Wismar.

III.—WATER SUPPLY:

- (a) *For the Port.* Water supply is obtained from the Ipswich Corporation's water mains.
- (b) *For Shipping.* Shipping in the Dock and at Cliff Quay obtain water from the Ipswich Corporation's water mains. Shipping at the deep water mooring berth in Buttermann's Bay use a water boat from Harwich.
- (c) *Number of water boats and their sanitary conditions.* One water boat is used. It is owned by the Felixstowe Dock Company and is inspected regularly by the Sanitary Inspector of the Harwich Port Health Authority. The sanitary condition is satisfactory.

IV. PORT SANITARY REGULATIONS, 1933 and 1945:—

1. Arrangements for dealing with Declarations of Health: —

A Declaration form is landed to the Master of a vessel from a foreign port either by the Pilot, the Customs Officers or the Port Health Inspector, and when filled in, is returned to the Port Health Authority either by the Customs Officer or the Port Health Inspector.

2. Boarding of vessels on arrival: —

Vessels from foreign ports are boarded by an Officer of the Port Health Authority at Cliff Quay, Ipswich, or at the Ipswich Dock.

3. Notification to the Authority of inward vessels requiring special attention (wireless messages, land signal stations, information from pilots, Customs Officers, etc.):—

Arrangements have been made with the Customs Officers to notify to the Port Health Authority any inward vessel requiring special attention also for wireless messages received by local shipping agents, in accordance with the provisions of Article 6 of the Regulations, to be forwarded to the officers of the Port Health Authority.

4. Mooring stations designated under Article 10: (a) within the docks; (b) outside the docks:—

(a) The established inner mooring station is situated at Cliff Quay, Ipswich.

(b) The established outer mooring station is situated at the anchorage at Buttermann's Bay.

5. Particulars of any standing exemptions from the provisions of Article 14:—

A standing exemption from detention under Article 14 has been granted by the Medical Officer in respect of all unhealthy ships, except those unhealthy on account of cholera, plague, yellow fever, typhus, smallpox or chicken-pox.

6. Experience of working of Article 16.

No difficulty arose during the year in carrying out the restrictions on boarding or leaving a ship arriving from a foreign port.

7. (a) *Premises and waiting rooms for medical examinations.*

Medical examinations are carried out on board the ship concerned.

(b) *Cleansing and disinfection of ships, persons and clothing and other articles.*

On a ship where infectious disease has occurred, disinfection of the infected parts of the ship is carried out by the staff of the Port Health Authority. A cleansing station for persons is established at the office of the Port Health Authority and further facilities for the cleansing of persons exist at the Ipswich Isolation Hospital and at the Ipswich Smallpox Hospital.

(c) *Premises for the temporary accommodation of persons for whom such accommodation is required for the purpose of the regulations.*

Temporary accommodation is available at the Ipswich Isolation Hospital for persons requiring such accommodation for the purposes of the Regulations.

(d) *Hospital accommodation available for plague, cholera, yellow fever, smallpox and other infectious diseases.*

A smallpox hospital (24 beds) is maintained by the Ipswich Group Hospital Management Committee and is available for cases of smallpox in the Port.

(e) *Ambulance transport.*

5 motor ambulances, two sitting-cab cars and two motor vans are available for transport purposes.

(f) *Supervision of contacts.*

Contacts proceeding to places outside the Borough and the Port of Ipswich are notified to the Medical Officer of Health of the district to which they are proceeding. Contacts remaining on the ship are kept under observation daily by an officer of the Port Health Authority.

8. Arrangements for the bacteriological or pathological examination of rats for plague:

The examination of rats for plague is carried out at the Public Health laboratory at Ipswich. The number of rats examined for plague during the year 1950 was 31.

9. Arrangements for other bacteriological or pathological examinations:—

Other bacteriological or pathological examinations are carried out at the Public Health Laboratory and the East Suffolk and Ipswich Hospital, at Ipswich.

10. Arrangements for information as to the location, days and hours of the available facilities for the diagnosis and treatment of venereal disease among merchant seamen under International arrangements, including in-patient treatment; also steps taken to make these facilities known to seamen.

Printed pamphlets are available and given to each ship requiring information as to locations and times of clinics. Diagnosis and treatment are carried out at the East Suffolk and Ipswich Hospital, at the following times:—Males, old cases: Tuesdays, 5-6 p.m. and Fridays, 1-2 p.m. New cases: Tuesdays, 6-7 p.m. and Fridays, 2-2.30 p.m.

11. Arrangements for the interment of the dead:—Nil.

12. Other matters, if any, requiring or receiving attention:—Nil.

TABLE C.

Cases of Infectious Sickness landed from Vessels:—

Disease.	Number of Cases during the year.		No. of Vessels concerned.	Average number of Cases for previous 5 years.
	Passengers.	Crew.		
—	—	—	—	—

TABLE D.

Cases of Infectious Sickness occurring on vessels during the voyage, but disposed of prior to arrival:—

Disease.	Number of Cases during the year.		No. of Vessels concerned.	Average number of Cases for previous 5 years.
	Passengers.	Crew.		
—	—	—	—	—

V.—MEASURES AGAINST RODENTS.

- (1) Steps taken for detection of rodent plague.
 - (a) *In ships in the Port.*
Ships visited by the Port Health Inspector have enquiry and search made on board for unusual mortality of rats and mice.
 - (b) *On quays, wharves, warehouses, etc., in the vicinity of the port.*
Premises in the vicinity of the docks and quays are visited from time to time by the Port Health Inspector and similar enquiries and search are made.
- (2) Measures taken to prevent the passage of rats between ships and the shore.
Special measures, such as rat guarding mooring ropes, are taken, and no evidence has been found of rat migration from ship to shore during the year.
- (3) Methods of deratisation of (a) Ships, (b) Premises, in the vicinity of docks or quays.
 - (a) The Port of Ipswich is not an "approved" port for the purposes of Article 28 of the International Sanitary Convention, 1926. Ships requiring deratisation have therefore to proceed to an "approved" port, the nearest being the ports of Harwich or London in the South, or the ports of Hull and Goole in the North.
 - (b) Deratisation of business premises in the vicinity of the Dock and quays is carried out by the occupier of the premises concerned, the usual method being the use of traps and poisoned baits. Private premises are treated free by Ipswich Local Authority.
- (4) Measures taken for the detection of rat prevalence in ships and on shore.
The usual inspections are made by the Port Health Inspector. The Local Authority employ full-time rat catchers who are available in case of necessity.
- (5) Rat-proofing.
 - (a) *To what extent are docks, wharves, warehouses, etc., rat proof?*
Many of the buildings, etc., in the vicinity of the docks and quays are very old and are not considered rat-proof. Recently-erected buildings are designed with rat-proofing in mind and are more satisfactory.
 - (b) *Action taken to extend rat-proofing.*
 - (i) In ships; (ii) on shore.
Advice is given by the Port Health Inspector to the person concerned where evidence is found of the necessity of extension of rat-proofing of either ships or buildings.

Since November, 1937, twopence per carcase has been paid for all rats caught privately in the Port and Borough.

The total number of rats caught in the Port and Borough during the year was 1,872.

TABLE G.

Measures of rat destruction on plague "infected" or "suspected" vessel or vessels from plague infected ports arriving in the port during the year:—

No such vessel arrived in the Port of Ipswich during the year.

TABLE H.

Deratisation Certificates and Deratisation Exemption Certificates issued during the year.

Ipswich is not an "approved" port for this purpose and therefore no certificates were issued.

VI.—HYGIENE OF CREWS' SPACES.

TABLE J.

Classification of Nuisances.

Nationality of Vessel.	No. Inspected during the year.	Defects of original construction.	Structural defects through wear and tear.	Dirt, vermin and other conditions prejudicial to health.
British ...	233	—	20	17
Other Nations ...	49	—	7	6

VII.—FOOD INSPECTION.

- (1) Action taken under the Public Health (Imported Food) Regulations, 1937 and 1948, the Public Health (Imported Milk) Regulations, 1926, and the Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1948.

81 tons of pears and 120 tons of apples were landed at Ipswich during the year from Holland. All were sound.

- (2) Shell-fish. Information respecting any shell-fish beds or layings within the jurisdiction of the P.H.A., stating whether they are in the opinion of the Medical Officer liable to pollution. Report of any action, taken under the Public Health (Shell-fish) Regulations, 1934 and 1948:—

The oyster beds or layings within the jurisdiction of the Ipswich P.H.A. are not now in use.

- (3) Number of Samples of Food examined by:—
- (a) Bacteriologist.
 - (b) Analyst.

One sample of Dutch apples was forwarded to the Public Analyst for examination. A negligible amount of arsenic was found present, the average amount being 12 micro-grammes per apple of 97 grammes weight.



County Borough of Ipswich.

School Medical Officer's
REPORT.

1950.

REGINALD A. LEADER,
School Medical Officer.

COUNTY BOROUGH OF IPSWICH

EDUCATION COMMITTEE

(Constitution at 31st December, 1950).

Councillor W. M. MORFEY (*Chairman*).

Councillor A. MORRIS	Councillor V. H. REVETT
(<i>Vice-Chairman</i>)	Councillor Mrs. P. M. TILLET
Alderman A. L. CLOUTING	Mr. N. ARMSTRONG
Alderman A. J. COOK	Mr. L. R. CHANDLER
Alderman Mrs. M. WHITMORE	Mr. A. J. CUTMORE
Councillor S. J. CATT	Dr. J. EWING
Councillor H. A. H. HAMMOND	Canon H. B. GRAHAM
Councillor S. S. HARPER	Rev. B. FOUNTAIN HINDE
Councillor Mrs. M. J. KEEBLE	Mr. L. W. LANKESTER
Councillor Mrs. L. LEWIS	Rev. P. McPHAIL
Councillor R. J. LEWIS	Very Rev. Provost A. P. PEACOCK
Councillor O. S. NUNN	Mr. F. S. ROGERS
Councillor A. N. PHILBRICK	Mr. N. H. P. TURNER

WELFARE SUB-COMMITTEE.

Councillor Mrs. M. J. KEEBLE (*Chairman*).

Alderman Mrs. M. WHITMORE	Councillor A. N. PHILBRICK
Councillor W. M. MORFEY	Councillor Mrs. P. M. TILLET
Councillor A. MORRIS	Mr. A. J. CUTMORE
Councillor S. J. CATT	Rev. B. FOUNTAIN HINDE
Councillor Mrs. L. LEWIS	Very Rev. Provost A. P. PEACOCK

STAFF OF SCHOOL HEALTH SERVICE.

MEDICAL STAFF.

Medical Officer of Health and School Medical Officer:

REGINALD A. LEADER, M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health and Deputy School Medical Officer:

J. P. FOX, M.D., D.P.H. (Resigned 25th June, 1950).

C. H. SHAW, M.D., D.P.H., D.P.A. (Appointed 1st August, 1950).

Assistant Medical Officers of Health and Assistant School Medical Officers:

DORIS E. P. JOLLY, M.B., B.S., M.R.C.S., L.R.C.P., M.M.S.A., D.P.H.

G. MARGARET G. SPENCER, M.A., M.R.C.S., L.R.C.P., D.P.H.

EDNA M. EDWARDS, M.R.C.S., L.R.C.P. (Served as Locum T. from 19th September, 1949 to 4th July, 1950).

W. JUDGE, M.B., B.Ch., B.A.O., D.P.H. (Served as Locum T. from 21st November, 1949 to 30th June, 1950).

E. H. ANNELS, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. (Appointed 1st July, 1950).

J. A. HARRINGTON, M.A., M.B., B.Chir., D.P.H., D.I.H. (Appointed as Locum T. 6th November, 1950).

DENTAL STAFF.

Senior Dental Surgeon:

R. CUTHILL, L.D.S.

Assistant Dental Surgeons:

KATHERINE L. HARRIES, L.D.S.

J. R. TOLLER, L.D.S., M.Sc.D.

J. C. GLASS, L.D.S. (Served as part-time assistant from 6th October, 1949 to 30th March, 1950).

ORTHOPTIST:

Mrs. M. J. KERNAN, D.B.O.

(Resigned 31st October, 1950).

SPEECH THERAPIST:

Miss J. G. LILLYWHITE, L.C.S.T.

SUPERINTENDENT HEALTH VISITOR:

Miss E. L. MARTIN.

SCHOOL NURSES.

Miss D. BULTITUDE.

Mrs. M. CUNNINGHAM.

Mrs. O. GRIMSEY.

Mrs. M. HAMBLING.

Miss M. OWEN.

Miss D. SMITH.

CLERICAL STAFF.

Chief Clerk: H. M. COLES.

Senior Clerk, School Health Service: B. H. GREENE.

and the equivalent of five and a half full time clerks.

GENERAL INFORMATION.

POPULATION (estimated)	104,130
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SCHOOLS MAINTAINED BY THE LOCAL AUTHORITY—

PRIMARY SCHOOLS (including Voluntary Schools):

Number of Schools	...	...	...	27
Number of departments	...	...	...	33
Number on roll	...	...	...	8,597

SECONDARY SCHOOLS:

Number of Schools	...	...	...	9
Number of departments	...	...	...	9
Number on roll	...	...	...	3,886

GRAMMAR SCHOOLS:

Number on Roll:

Northgate Grammar School for Boys	...	581
„ „ „ „ Girls	...	525

SPECIAL SCHOOLS:

California Special School for Educationally Sub-normal Pupils	...	...	...	89
Whitton Special School for Delicate Pupils	...	...	...	117
Orthopaedic Ward, Isolation Hospital	...	...	...	*21

(*This figure includes pupils from East and West Suffolk).

NURSERY SCHOOL:

Raeburn Road Nursery School	39
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SCHOOL HEALTH SERVICES.

THE SCHOOL MEDICAL EXAMINATION.

Attempts are sometimes made to discredit the value of medical examination in schools. It is pointed out that general practitioner and consultant services are now freely available and that the continued existence of a school doctor can only be regarded as an anachronism dating back to an era almost forgotten, when dirt and disease were rampant in schools and when parental indifference coupled with inadequate facilities for medical treatment allowed even gross abnormalities to develop unchecked.

While there may be something in the view that the present system of routine periodic inspection is perhaps unnecessarily rigid, there can be no doubt that medical examination in schools meets a continuing need. The existence of the National Health Service is no proof that advice will be sought or treatment carried out even where the need would appear to be obvious. The problem families apart, few parents are disinterested in the health of their children—quite the reverse—but many hesitate to take children, unless frankly ill, to surgeries already crowded out with adult patients. Others again have the best of intentions but somehow, in the ordinary course of events, never seem to be able to bring themselves to the point of actually taking their children to a doctor. The school medical examination provides an easy opportunity for the voicing of suspicions, the clearing perhaps of minor anxieties and, where treatment is indicated, it is still possible to smooth the way a little in making any necessary arrangements. On this point it is well to bear in mind that treatment is not always a question of an operation, medicine or even psychology. As is brought out in some detail in the section on handicapped pupils, it is often a modification of teaching method or school environment that is the best solution to a child's physical disabilities.

There is no doubt that parents welcome the opportunity to be present at the school medical examination even when they have every confidence in the child's health though naturally, with children approaching school leaving age, mothers may feel their presence unnecessary or even, in the case of boys, an embarrassment.

Percentage of parents attending "periodic" inspections in 1950:—

		<i>Boys.</i>	<i>Girls</i>
Entrants	...	89.1 ⁰ / ₀	91.5 ⁰ / ₀
Intermediates	...	76.2 ⁰ / ₀	81.8 ⁰ / ₀
Leavers	...	17.7 ⁰ / ₀	55.2 ⁰ / ₀

During 1950, 4,542 pupils were examined at "periodic" inspections, and of these, 423 children had defects requiring treatment.

The number of "periodic" inspections carried out shows a satisfactory increase:—

1945	...	...	2,129
1946	...	...	3,411
1947	...	...	3,074
1948	...	...	3,489
1949	...	...	4,036
1950	...	...	4,542

Details of the examinations in the various age groups are given below:—

	Boys.	Girls.	Total.	Total, 1949
Entrants—				
No. examined ...	938	853	1,791	1,945
No. of pupils with defects requiring treatment ...	94	79	173	252
Percentage ...	10.00	9.26	9.66	12.95
Intermediates—				
No. examined ...	844	828	1,672	1,062
No. of pupils with defects requiring treatment ...	76	82	158	135
Percentage ...	9.00	9.90	9.45	12.71
Leavers—				
No. examined ...	543	536	1,079	1,029
No. of pupils with defects requiring treatment ...	40	52	92	94
Percentage ...	7.36	9.70	8.52	9.14
Total—				
No. examined ...	2,325	2,217	4,542	4,036
No. of pupils with defects requiring treatment ...	210	213	423	481
Percentage ...	9.03	9.60	9.31	11.92

Often a child has some abnormality not requiring immediate treatment yet, without worrying the parent unduly, it seems common prudence to keep a special eye on the child; arrangements are made for further examination in school at intervals from six months to two years. During the year, 1,632 of these follow-up examinations were carried out. This is rather a low figure and it is hoped that in 1951, with the appointment of an additional medical officer, it will be possible to afford a more continuous supervision in the schools.

The total number of defects, excluding dental, is made up as follows:—

	Eyes.		Ear, Nose & Throat.		Orthopaedic.		Skin.		Miscellaneous.	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Entrants—										
No. of defects ...	24	30	24	20	37	27	4	4	17	4
Percentage of total examined ...	2.56	3.52	2.56	2.34	3.94	3.17	.43	.47	1.71	.47
Intermediates—										
No. of defects ...	43	41	8	11	9	16	4	4	14	11
Percentage of total examined ...	5.09	4.95	.95	1.33	1.07	1.93	.47	.48	1.65	1.33
Leavers—										
No. of defects ...	23	28	1	2	7	16	4	3	5	3
Percentage of total examined ...	4.24	5.22	.18	.37	1.29	3.00	.74	.56	.92	.56
Total—										
No. of defects ...	90	99	33	33	53	59	12	11	36	18
Percentage of total examined ...	3.87	4.47	1.42	1.49	2.28	2.66	.51	.49	1.55	.81

THE SCHOOL CLINIC.

(a) MINOR AILMENTS.

Although not seeking to treat any but the most minor form of illness, a School Clinic finds itself called upon to deal with a great variety of complaints; septic skin conditions, sore throats and running ears are often lightly thought of yet, unless promptly treated, they may be responsible for the loss of much school time, not to speak of pain or even permanent disability. In addition, there is always a surprisingly large number of injuries sustained by children, most of them fortunately of a minor nature; 1,468 of these were recorded as attending the clinics in 1950.

There is again a decrease in the number of children attending with Scabies and Impetigo, with a consequent decrease in the loss of school time as is indicated in the following table. There was no case of Ringworm of the Scalp.

SCABIES.				IMPETIGO	
		No. of cases.	No. of days exclusion.	No. of cases.	No. of days exclusion.
1945	...	376	1,021	153	1,205
1946	...	362	930	89	521
1947	...	121	339	89	350
1948	...	62	138	51	236
1949	...	25	102	36	209
1950	...	9	33	28	119

School Clinics are held every morning (excluding Sundays) at the Public Health Department, Elm Street, and at the Gainsborough Clinic, Clapgate Lane, and on four mornings a week at Whitton Clinic, Shakespeare Road and at Allington House Clinic, Woodbridge Road. In addition, there is a School Nurse on duty at the Public Health Department each afternoon who is available to attend to accidents and other emergencies.

The table opposite gives a comparison of the attendances at the various clinics.

(b) OPHTHALMIC.

An Eye Clinic continues to be held each week at the Public Health Department, Elm Street and 782 pupils were examined during 1950. This figure represents 1,269 attendances and shows a considerable advance over the number of cases seen in the previous year.

The incidence of defects treated was as follows:—

	1949	1950
Hypermetropia	35	47
Hypermetropic Astigmatism	91	131
Myopia	71	90
Myopic Astigmatism	49	86
Mixed Astigmatism	18	33
Squint	60	83
All others	5	6
Total	329	476

During the year 253 forms were issued by the School Medical Officer for the replacement or repair of glasses. While it is desirable that children should enjoy the benefit of the best sight glasses may make possible, it has not escaped observation that glasses do not always receive the care bestowed on them in the days before they were provided from public funds. A certain amount of damage is inevitable in the rough and tumble of school life, but it is difficult for example to understand why, in the case of certain chronic offenders, repairs should be necessary every six or eight weeks.

An Orthoptic Clinic for the treatment of certain cases of squint was held at the Public Health Department until the end of October, when the Orthoptist resigned. Up to the present it has not been possible to fill the vacancy.

Orthoptic treatment is still the firm responsibility of the School Health Service and any break in the continuity of treatment is particularly unfortunate as the period during a child's life when eye exercises are of value is not indefinite; time once lost cannot always be made up later.

The following data submitted by the Orthoptist illustrates the work of this section during the ten months the Clinic was open.

Number of children attended	94
Number of attendances	722
Number who received treatment	81
Number completely cured	22

Number improved under treatment and for whom no further treatment was advised	...	...	5
Number improved but requiring further treatment	...	...	45
Number not improved after treatment	...	...	3
Number who failed to complete treatment	...	...	6

Twenty pupils were admitted to the Borough General Hospital during the year and underwent squint operations; the waiting list is however growing and there are at present 27 awaiting operation.

(c) DENTAL.

The following is the report of the Senior School Dental Surgeon:—

Progress has been made towards restoring the dental position to that of 1948, although it has not been possible to offer inspection and treatment to all the children during the year. With the present staff it seems possible to complete inspection and treatment in all the schools in about fifteen months. This does not take into account the large amount of orthodontic work waiting to be done.

Two courses are open to us. Either to inspect all the children and select for treatment only those who can be treated during the year, or select all who require treatment and spread the inspection and treatment over a slightly longer period. The first method has the great disadvantage of implying to a parent that treatment is not required if a notice is not received after a dental inspection. To notify that treatment is required without offering treatment is full of difficulties. Having a slightly longer interval between treatments and offering the same facilities to all is perhaps more equitable and this is the method adopted.

During the year, parents were advised, on a countrywide basis, to seek the services of the private dental practitioner, if experiencing any difficulty in securing treatment for their children. Very few local practitioners however are accepting children in any numbers, and in many cases parents are being advised by them to seek treatment at the clinics. It is obvious that the dental needs of the children cannot be met under the General Dental Service.

If the dental staff remains numerically the same it is probable that the interval between inspections will be reduced slightly but the twice yearly inspection and treatment will still be a long way from attainment. Additionally there is the problem of orthodontic treatment.

Since October the school medical officers have been acting as anaesthetists in the dental department on two sessions per week. This arrangement permits a dental officer, who would otherwise be acting as anaesthetist, to be employed on dental operations that can only be carried out by a dentist.

However, the only real solution to the problem of ensuring that as many children as possible are made, and kept, dentally fit lies in the appointment of more dental staff. Children should not be forced to take their chance in the present scramble to obtain dental treatment under the General Dental Service.

Many parents in the Allington House area have expressed their satisfaction for the facility of receiving dental treatment for their children so conveniently. The great need now is for the same facilities to be offered to parents in the Whitton area.

Table showing the number of permanent teeth extracted because of advanced caries per thousand children treated:—

1947.	1948.	1949.	1950.
44	67	182	155

It became necessary to extract some of these teeth because of neglect, but a good proportion might well have been saved if inspection and treatment could have been carried out more frequently.

It should be noted that the figures in this table vary inversely with the number of dentists employed in the School Health Service.

The following table gives the ages of children inspected and selected for treatment at Periodic Inspections:—

AGE.	1949.		No. with naturally sound dentitions.	1950.		No. with naturally sound dentitions.
	Inspected	Selected.		Inspected	Selected.	
4 & 5 Years	812	240	178	989	466	255
6 "	651	262	78	836	417	140
7 "	602	297	57	928	530	89
8 "	686	426	38	1,008	623	88
9 "	710	427	23	972	633	53
10 "	702	409	24	955	584	54
11 "	595	346	50	685	422	50
12 "	697	401	68	582	452	38
13 "	718	410	87	660	474	28
14 "	683	416	82	432	468	34
15 and over	419	235	23	257	220	12
TOTALS	7,275	3,869	708	8,304	5,289	841

Of the children who received periodic inspections, 10.1% had naturally sound dentitions. The tendency of this figure to rise is encouraging but it cannot be regarded as conclusive as the observations have only covered the last three years.

Percentages with naturally sound dentitions: -

1948	...	...	9.7
1949	...	...	9.8
1950	...	...	10.1
Number of Schools visited	...	...	34
Number of sessions devoted to inspection	...	...	83
Average number of children inspected per session	...	...	105

The parent is invited to be present when a child receives its first dental inspection at school. In this way the parent is introduced to the school dentist. She is given an outline of what dental treatment might be offered her child during its school life and also has pointed out to her any existing dental defects.

The percentage of consents to treatment following periodic inspections was 82.1.

Additional treatments were:—

Scalings	...	...	248
Gum treatments	...	...	52
Gingivectomy	...	...	3
Dentures	...	...	17
Dentures repaired	...	...	6
Crowns	...	...	5
Splints fitted	...	...	3
Silver Nitrate Treatments	...	...	279

Fifty-eight X-Ray films were taken for us at the Borough General Hospital. Although we are very grateful for the help that is given by the hospital staff this is one aspect of the dental scheme that cannot be regarded as satisfactory. The delay occasioned by having to send the patient to the hospital for X-Ray often compels a diagnosis to be made on clinical signs alone when radiographical assistance is really required. Dental X-Rays are very specialised and require the training and knowledge that only a dental surgeon can apply.

There is an urgent need for a dental X-Ray machine to be installed in one of the clinics.

ORTHODONTICS.

Appliances fitted	...	...	...	28
Attendances	...	...	...	587
No. of teeth extracted to relieve overcrowding	...	...	...	279
No. of children having extractions	...	...	...	181

(d) PROPOSED COMBINED CLINIC AT WHITTON.

While a semi-detached three bedroomed house on the Whitton estate was made available for temporary use as a clinic as far back as 1940, the unsuitability of the premises has always been recognised. It may be recalled that soon after the cessation of hostilities the question was again reviewed as it was felt that the property should be released for residential purposes and a permanent clinic established.

The proposal originally considered in October, 1945, was that the Old Whitton School was capable of conversion and that the necessary facilities could be provided in this way. It was intended to provide an ante-natal clinic, school clinic, office and general waiting room with lavatory accommodation and, through additional construction, provide a weighing room, doctor's examination room and a dental surgery with adjoining workrooms.

Although the scheme was worked out in detail and the consent of the various Ministries eventually obtained, the cost was not inconsiderable and it was only too obvious that the result could never be really satisfactory. Moreover the premises were in such a poor condition that the use of them could hardly be considered desirable from a Public Health point of view.

The possibility was then explored of erecting hutments of the Nissen type—a temporary solution which probably would have been equally unsatisfactory. After further delays a plan for a specially designed composite clinic was drawn up and considered in detail during the Autumn of 1948. Various modifications were agreed after consultation with officials of the Ministry and loan sanction again obtained. The proposed clinic was to provide facilities for dental treatment together with subsidiary services of the school medical service, e.g., remedial exercise work; accommodation was also to be provided for ante-natal, post-natal, and child welfare clinics. At the close of the year under review there seemed every likelihood that work on the clinic would go ahead without further delay; in January, 1951, however, a Joint Sub-Committee of the Education and Public Health Committees felt itself unable, for financial reasons, to recommend this scheme and called for a report on a substantially modified scheme which would reduce the size of the initial project by arranging for dual purpose use to be made by the several sections to be accommodated at the clinic (with consequent reductions in the size of the waiting room, items of furniture and equipment required and the running costs, including staff), but which would enable the building to be expanded if desired at a later date.

The building of the new housing estates at Whitton White House and Castle Hill has very greatly increased the call on medical services

in the Whitton area. Figures are given of children attending the School Clinic during the period 1945-1950:—

1945	...	...	...	...	1,422
1946	...	...	...	...	2,963
1947	...	...	...	...	2,919
1948	...	...	...	...	3,955
1949	...	...	...	...	6,150
1950	...	...	...	...	6,431

INFECTIOUS DISEASE IN SCHOOL CHILDREN.

				1948	1949	1950
Dysentery	...	...	...	2	—	7
Poliomyelitis	...	...	...	—	2	3
Typhoid	...	...	...	—	—	1
Paratyphoid	...	...	...	3	—	—
Salmonella	...	...	...	1	—	6
Infective Hepatitis	...	...	...	—	13	280
Tuberculosis	(Pulmonary	...	...	3	3	12
	(Non-pulmonary	...	...	6	10	4
			1930-39 (Yearly average)	1940-49 (Yearly average).	1950	
Measles	...	...	*	484	749	
Whooping Cough	...	...	*	109	80	
Scarlet Fever	...	...	22½	106	116	
Diphtheria	...	...	110	26	3	

* Not notifiable until 1939.

(a) INFECTIOUS JAUNDICE.

The first step towards prevention of infectious disease lies in the careful study of its nature and mode of spread. In an endeavour to increase our knowledge of infectious jaundice, the disease was in East Anglia made notifiable in 1943 and since then every case brought to the notice of the Medical Officer of Health has been the subject of a routine enquiry.

A fairly large scale epidemic occurred in Ipswich during 1950 and this is unfortunately continuing into 1951. For the first six months of 1950 the disease was to a remarkable extent localised to the Whitton housing estate. During this period 24% of the children and 40% of the staff at Whitton Infant School went down with a disease whose infectivity has never been regarded as high, and which was even in doubt until quite recent years; the Whitton Junior School was also seriously affected.

While the outbreak was subsiding in the Whitton area, a second focus of infection made its appearance in the area served by the Priory Heath group of schools. During the period July to October, for example, about six per cent. of the pupils at both infant and junior schools became jaundiced. This outbreak subsided, but a further extension occurred in the Gainsborough estate area, and at the end of the year the number of cases notified was mounting rather sharply.

Although the greatest incidence of jaundice has been among children between the ages of five and eleven, a considerable number of both older children and adults have been affected.

Of the 629 families investigated, 48 had two cases of jaundice in the same household; 13 families had three cases, 2 had four cases and, in one family, 5 of its 7 members eventually developed the disease. One difficulty in preventing its spread is that the disease is often infectious for some days before the actual onset of jaundice and is therefore not readily recognisable. The period taken for the disease to develop is long and in the present series its incubation period appears to lie between 16 and 49 days (average 30). For that reason the exclusion of contacts from schools has not been recommended.

(b) TUBERCULOSIS.

A case of tuberculosis was discovered in a senior pupil (age 13). Arrangements were put into effect for the chest examination of the remainder of the girl's form, together with other groups of children with whom it appeared she had come into close contact. As a result of the X-ray findings a further infectious case of tuberculosis was discovered.

T.B. SKIN TEST.

In September, 1950, in conjunction with the Chest Physician, the School Health Service commenced a scheme designed to ascertain new and previously unsuspected cases of tuberculosis.

It was decided that for an experimental period a T.B. skin test should be carried out on school entrants at the time of their first medical inspection. The technique of this jelly test is simple and is carried out by the school nurse; it does not involve injections or needle pricks of any kind. Three or four days after the application of tuberculin jelly the child is re-examined by the school doctor and is then found to be a positive or negative reactor.

A negative reaction is considered a conclusive indication that the child has, at no time, been infected with the germ of tuberculosis. The positive reaction is not of itself significant; it does, however, mean that it is worth-while to subject the group to a more careful examination.

Permission to perform the test was sought from each parent whose child was to be medically inspected as an entrant. This was done by means of a printed slip, which, at the same time, explained the test and requested consent. At the medical inspection, the technique was fully discussed and all parents were given an opportunity to be present when the test was performed (usually a few days later).

Consent was obtained from 92% of the parents and, of the fifty-seven children that reacted to the tuberculin test, only four failed to attend the Chest Clinic for X-ray.

In four of the cases referred, it appeared that further observation was desirable and it was subsequently found that one of these—an adopted child—had an active primary tuberculous infection.

The survey is being continued into 1951.

(c) DIPHTHERIA.

Of the three cases of diphtheria notified among school children one unfortunately died, largely owing to the fact that the disease passed unrecognised for many weeks. It is of interest that a second case occurred subsequently in another child of school age in the same family.

In connection with immunisation against diphtheria it will be recalled that a new prophylactic (P.T.A.P.) has been in use in Ipswich since August, 1949; this specially purified material was made available to us through the Medical Research Council. Although this immunising agent has also been supplied to the general practitioners in the area, detailed enquiry was restricted to the children attending clinics. A proportion—one in eight—were followed up by the school nurses who made visits 48 hours and 14 days after each injection, and thereafter each month for six visits. Although this side of the investigation has been time consuming, the information obtained will be of the greatest value in providing answers to questions that must be raised when any new discovery in medicine is first tried out on a large scale.

The trial is being carried on into 1951.*

*Completed 31st March, 1951.

(d) MEASLES.

There was a measles epidemic in Ipswich extending from November, 1949 to June, 1950. It would appear that infection was in the first place centred in the schools as the majority of early cases were among children aged 5 and 6; subsequently the children affected included a much higher proportion of the younger age groups. Throughout the epidemic there were very few cases aged 7 or over.

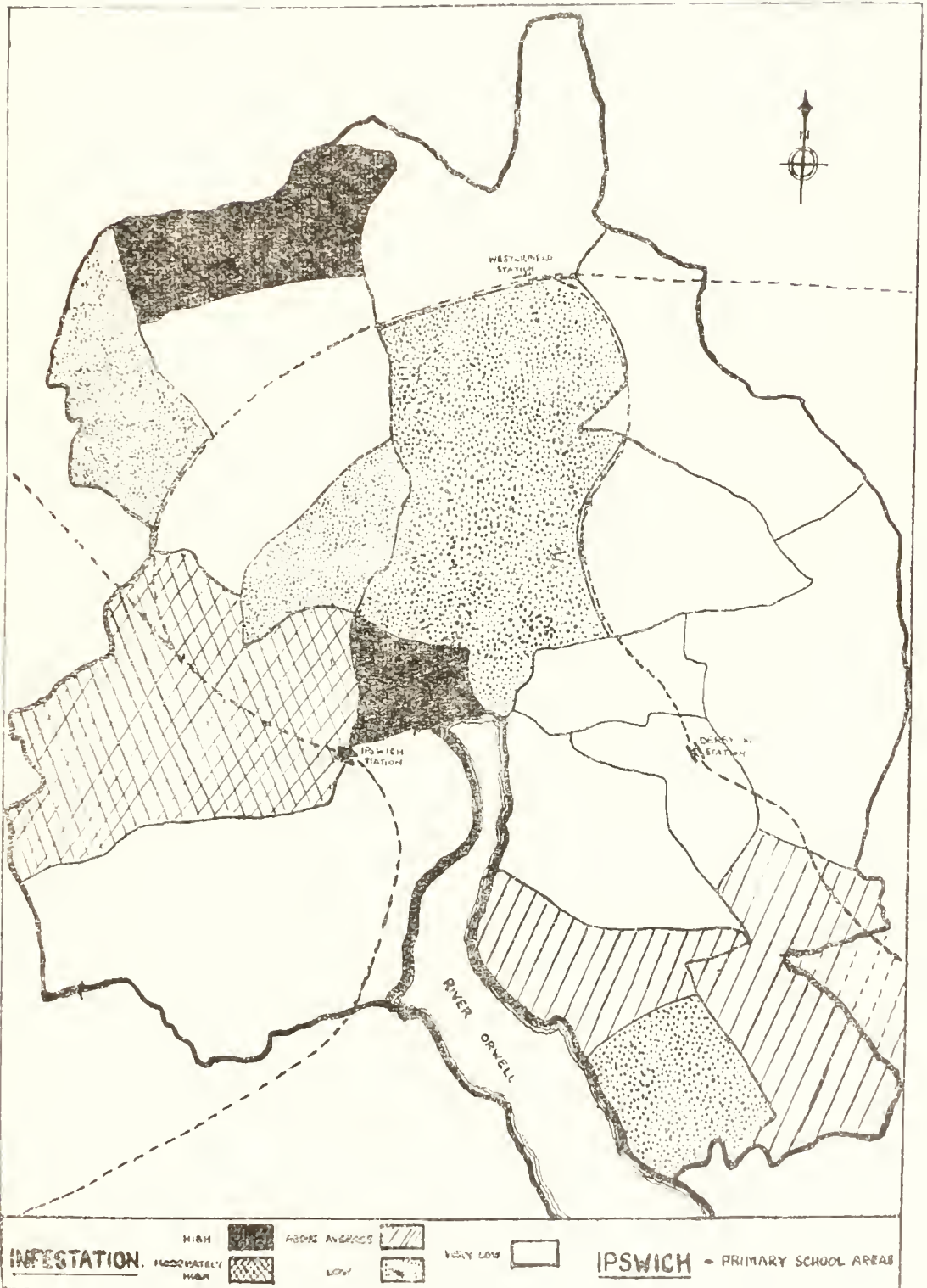
(c) HEAD LICE.

Dr. A. M. Pringle wrote in the School Medical Officers' report for 1915:—

“In the interests of the clean children who constitute the vast majority of the school population, verminous heads should not be tolerated in any school. It is true that conditions have much improved but it is also true that, in every school, there is a group of verminous and neglected children who serve as foci of infection for the rest of the school. We know quite well when we go to a school to investigate verminous children that the same old filthy heads will turn up in the same old filthy children. No talking, no arguments, no cleansing, no hair cutting seem to make any impression on this unfortunate group. An occasional prosecution of a specially bad example does good but it is in the highest degree disgraceful that a prosecution should be required.”

These words seem almost as true to-day as they no doubt were when they were written. If they embody an unduly pessimistic view of human nature, it is fair comment that they have yet to be disproved by events. The experience of recent years has been particularly disappointing in view of the improved methods now available for the treatment of cases found to be infected. Moreover, there has been a substantial increase in the number of cleanliness inspections carried out in the schools; the total number of examinations in 1950 was 41,731 and each school was visited at least five times during the year. The number of cases found unclean at head inspections was 2,467 or 5.9% of those examined, representing 914 individual pupils.

Nevertheless, it should be realised that it is only in a relatively few schools that the problem of dirty heads is a serious one. Persistent infection with head lice in certain schools is almost invariably a consequence of lousiness in the home. The difficulty lies in persuading mothers and grown-up daughters that they also require treatment if the child is not to be promptly re-infected and found dirty at the next cleanliness inspection.



PHYSICAL TRAINING.

The report of Mr. H. Stott, the Chief Organiser of Physical Training, is as follows:—

The Organisers continued their normal visits to schools throughout the year. Special events and undertakings, which are increasing, make these visits less frequent but every endeavour was made to visit schools regularly. It is in this way that most effective assistance can be given and teachers kept informed of developments and trends in physical education, and at the same time assess the most urgent needs. The standard of work was maintained with advancement in certain aspects and credit is due to the teachers for the efforts and interest in the physical development and education of the children.

DANCING. Following up the request by the teachers at the Dancing Course in the previous year, another session was held from 22nd January to 29th March. There was another request for the Course to be carried on in 1951.

The annual Dancing Session between Westerfield Primary, Rushmere and Little Bealings C. Primary schools was held at Rushmere on 14th March and was much enjoyed by all the schools.

GAMES.

Cricket. In conjunction with the Suffolk County Cricket Club, a Coaching Course was held at the Northgate Grammar School for Boys on 22nd and 25th May. Eight teachers from Ipswich attended this Course which has had marked effect on the standard of play in those schools where the methods demonstrated have been applied.

Netball. The Youth Netball League Rally was held on 10th July at Nacton Road Secondary Modern School for Girls. The standard of play was fair and it is hoped will improve as the clubs get more practice in the game.

ATHLETICS.

Youth Sports. These were held at Sidegate Lane Playing Field on 19th July, and were well supported by the local clubs. Thanks are due to the Suffolk Amateur Athletic Association for providing judges for the various events.

Week-end Athletic Course. A week-end Course for coaches, arranged by the Central Council of Physical Recreation and the Suffolk Amateur Athletic Association, was held at Westbourne Secondary Modern Schools on 11th and 12th November. The coaches were Mr. A. R. Malcolm and Mr. L. H. Ward.

Attendance of Ipswich teachers was not high, and a number of students who attended were more concerned with individual attainments rather than as potential coaches. It was generally felt that too much was attempted in too short a time and that there is a danger that enthusiasts may feel they are competent to train younger athletes as a result of two days' training as coaches with somewhat unsatisfactory results.

Swimming. There was a further improvement in the standard of swimming this year in the majority of schools, but several teachers have remarked that towards the end of the season style suffers as the children concentrate on speed for the I.S.S.A. Swimming Sports.

E.S.S.A. The English Schools Swimming Association held divisional galas throughout the Country during the season. A team of boys and girls from Ipswich attended at the Yarmouth centre on 15th July. Out of the twenty-six competitors, one 1st, two 2nd and six 3rd places were gained. One pupil from the Northgate Grammar School for Girls went on to the Finals held at Bethnal Green Baths on 7th October.

INFANT DEMONSTRATION. A demonstration of Physical Education in Infant Schools was held at White House Infants School on 23rd and 25th May. Head teachers of Primary and Infants Schools were invited to attend on the first date and two assistant teachers from each school on the 25th.

Each session finished with a discussion of the work seen. A total of 81 teachers attended.

Credit is due to Mr. Christopherson and Miss Bagust for their generous co-operation and to the teachers who took the classes.

As a result of the demonstrations, the physical education in the Infants Schools is more in accordance with the modern methods in use in other subjects and has stimulated the interest of the teachers.

VOLUNTARY ASSOCIATIONS. Assistance has been given to Voluntary Associations when requested.

GUIDES. Tests have been taken for the Girl Guides for Gymnast and Athlete badges.

GIRLS' FRIENDLY SOCIETY. This Society was holding a display at the Albert Hall on 10th June to which a Keep Fit team from Ipswich was invited. An evening was given to coaching the leaders of Keep Fit in the various branches, and was followed up by further coaching of the team prior to the demonstration at the Albert Hall.

PROVISION OF MEALS, MILK & SUPPLEMENTARY NOURISHMENT.

The year ended 31st December, 1950, was an eventful one so far as the School Meals Service was concerned. During the first part of the year progress was maintained in providing schools with their own kitchens and dining rooms but a serious fall in the demand for meals, largely due to the increase in price from 4d. to 6d., meant that drastic economies in organisation were necessary if the Authority was to keep within reach of, if not actually within, the unit cost. It was, therefore, reluctantly decided that, as from April, 1950, the service should be concentrated and that, instead of meals being cooked at seventeen schools, they be cooked at four centres only, the cooked meals to be taken in containers to dining centres at schools in all parts of the town. After early difficulties, following the change-over, the service generally now appears to give less grounds for complaint.

The type of meal served and the menus are worked out on a scientific basis, so as to provide 1,000 calories a day per scholar meal, and the preference given to children's meals in the form of extra rationed foods enables a suitable meal of a high standard to be provided.

The following figures show, for comparative purposes, the number of meals supplied during particular weeks in the year:—

<i>Week ended</i>	<i>No. of meals supplied to children.</i>		
16.12.49	19,770
24. 3.50	14,600
23. 6.50	14,126
22. 9.50	14,696
15.12.50	15,749

With regard to milk, the average number of one-third pint bottles supplied to children each day was 11,298.

Children recommended for Cod Liver Oil & Malt, Maltoline and Adexolin are re-examined periodically with a view to determining whether these forms of supplementary nourishment are still necessary. As a result it has been found possible, without detriment to the health of these children, to effect a substantial reduction in the quantity of those foods prescribed.

The comparative figures at the beginning and end of the year are as follows:—

	<i>January</i>	<i>December</i>
Cod Liver Oil & Malt	406	289
Maltoline ...	552	198
Adexolin ...	78	97

HANDICAPPED PUPILS.

During the year, 83 examinations were carried out by medical officers approved in connection with the ascertainment of educationally sub-normal children with the following results:—

Classified as Educationally Sub-normal and—

(a) Recommended for admission to California Special School	...	...	...	10
(b) Recommended for admission to Whitton Special School	...	...	...	1
(c) Recommended for special educational treatment in an ordinary school	...	...	...	4
Not classified as Educationally Sub-Normal—to remain in ordinary school	...	...	...	2
Recommended for notification to Local Authority under Section 57(3) of the Education Act, 1944, as ineducable				11
Recommended for notification to Local Authority under Section 57(5) of the Education Act, 1944, on leaving School	...	...	...	10
Recommended for admission to a Residential Special School	...	...	...	5
Recommended for transfer from California Special School to an ordinary school	...	...	...	1
Referred for re-examination at a later date			...	5
To remain in attendance at California Special School				34

The number of handicapped pupils in the various categories at the end of the year was:—

Blind	1	in a residential special school.
Partially Sighted	7	Two in a residential special school.
Deaf	10	Six in residential special schools, and three awaiting vacancies. One has since been admitted.
Partially Deaf	10	One in a residential special school and five had Hearing Aids.
Delicate	102	One in a Sanatorium Hospital School, six at Ogilvie School of Recovery, Clacton-on-Sea and 92 at Whitton Special School.
Diabetic	Nil.	
Educationally Sub-normal	158	Six in residential special schools: 89 in California Special School, four of whom were awaiting vacancies in residential special schools. One of these has since been admitted.
Epileptics	1	in a residential special school.

Maladjusted	35	Three in residential schools or hostels, two awaiting vacancies.
Physically Handicapped	41	Twelve in hospital schools, and 25 at Whitton Special School.
Speech Defects	131	Seventy-four under treatment by the Speech Therapist.

CALIFORNIA SPECIAL SCHOOL.

	Boys.	Girls.	Total.
On Register December, 1949	59	31	90
Admitted during the year	11	5	16
Left during the year	15	2	17
Remaining December, 1950	55	34	89

The life of the school has by now had sufficient time to settle down and take form in its new quarters. Greater facilities for washing have resulted in a much higher standard of personal cleanliness. The school garden, a wilderness last year, is now well under control and the children have the satisfaction of seeing their labours result in good crops of flowers, fruit and vegetables.

Informal physical activities have increased general alertness and response, while the increased use of pictorial art with the free use of colour has been especially beneficial to the mental health of the children: practical work in cookery, laundry, woodwork and gardening continues.

A difficulty in a school of this nature is the wide range of mental retardation which may vary from 2 to 7 years. On the other hand, the whole outlook in a school for the educationally sub-normal is determined by the consideration that a lack of natural ability should not hinder a child from learning sufficient subsequently to earn its own living, and from becoming a useful and responsible member of society. Unfortunately not all of these children prove to be suitable for a day school; in most cases there is some fault in the home environment; sometimes there is a less tangible reason apparently associated with the mental make-up of the child.

In four cases during 1950 it was necessary to recommend that the child should be found a vacancy at a residential school for the educationally sub-normal; it was, however, only possible to admit one of these cases during the year.

The general health of the children is good. Their home backgrounds and the intelligence of their parents are very variable, and these circumstances are reflected in the general appearance of the children, their personal hygiene and manners. The standard on the whole is remarkably good and it is surprising to what extent care and protection is afforded by the children to the weaker members in this small community.

WHITTON SPECIAL SCHOOL.

	Boys.	Girls.	Total.
On Register December, 1949	56	62	118
Admitted during the year	33	28	61
Left during the year	33	29	62
Remaining December, 1950	56	61	117

Of this 117 remaining on roll the numbers admitted in the years are:—

1944	1945	1946	1947	1948	1949	1950	
2	1	4	11	7	31	61	= 117

Children who entered the school during the year were diagnosed as follows:—

Debility	...	...	...	27
Respiratory Catarrh	...	...	...	10
Asthma	...	...	...	6
Orthopaedic defects—				
Acquired	...	...	...	4
Congenital	...	...	...	4
Rheumatic conditions	...	...	...	3
Congenital Heart Defect	...	...	...	1
Abnormalities of Nervous System—				
Functional	...	...	...	3
Organic	...	...	...	5

An open air school such as Whitton is primarily intended for the special benefit of children who, for the want of a better term, are classed as "delicate." In all these cases not only is the child's health likely to improve under the stimulus of the open air regime, but also the disability is likely to prove of a temporary nature so that, after a period of some six months to two years, this type of child will be fully fit and capable of resuming its place once more in an ordinary school.

There are however certain children with physical disabilities of a more or less permanent nature; their numbers fortunately are relatively small and consequently it is only in the very largest towns that it is practicable to provide a day school specially for this category of "physically handicapped." A number of the more seriously disabled are in fact sent away to residential schools but this is only a partial solution; quite apart from the question of expense, there is at present still great difficulty in securing suitable vacancies. Under the circumstances it is inevitable that an open air school such as Whitton

is increasingly called upon to provide for this class of more seriously handicapped children. In the not too distant past many such children were allowed to languish at home; it is only being slowly recognised that their education is worth while and may well relieve the community of a future burden.

In consequence of these developments, a full-time attendant was appointed at Easter to help deal with the physical needs of these most severely handicapped children. For example, of the five severely handicapped children admitted to the school during the year, two totally lack bladder control and wear rubber urinals; one of these, in addition, wears irons for leg support. Again, difficulties are being experienced owing to the fact that there is nobody available with sufficient specialised training to supervise exercises specifically designed to meet the needs of an individual child; it is hoped that the services will be made available shortly of a physiotherapist with experience in this type of work.

Nevertheless much has already been accomplished. Apart from the normal physical training of the school, a special group of 24 scholars is being taken by a member of the staff and a marked improvement has been noted in alertness and interest as well as in circulation and respiration. Activities of this nature not only improve general physical development but give the disabled child a much needed sense of confidence. Daily showers are provided and most children make use of these facilities.

The Medical Officers visited the school nineteen times for the purpose of carrying out medical inspections.

Provision has been made for some children to attend classes for subjects other than those taken at the school:—

Three girls attend classes in shorthand and typewriting.

Three boys and 1 girl attend classes at the Art School.

RAEBURN ROAD NURSERY SCHOOL.

The school accommodates forty children from 2-5 years. The average number on the roll was thirty-eight and the average attendance per session twenty-eight.

Eighteen attained infant school age and a further twenty-eight left for other reasons—such as removal from the district, cessation of work by the mother, or failure of the child to settle happily.

Staff cuts necessitated a reduction in the number of child groups from three to two. In one room there are twenty-five children of

3½ to 5 years and in a smaller room fifteen children of from 2 to 3½ years. The majority of the mothers were working, but in a few instances the children were admitted on psychological grounds; four were admitted to ease the burden of ill-health on the mother.

Medical examination was carried out each term, a weekly visit being made to the school by the Senior Assistant Medical Officer of Health. The health of the children remains, on the whole, good, infectious disease being confined to the Spring term when eight cases of measles, twenty-seven of mumps, and one of scarlet fever occurred.

One complete dental inspection was carried out at the school; of the thirty-two children examined, seventeen required, and of these thirteen accepted, treatment.

While it was decided to cease training students for the National Nursery Examination Board certificate, it is hoped that full use will be made of the facilities that exist at a nursery of this nature as a practical means of instructing senior girls in the essentials of parentcraft.

ISOLATION HOSPITAL SCHOOL.

During the year nine Ipswich pupils requiring prolonged orthopaedic treatment were admitted to this Hospital School, and there were ten in attendance at the end of the year. The number of individual children in attendance during the year was fifteen. Of these six were suffering from tuberculosis of bones or joints, three had developed Perthes disease and two were children suffering from paralysis following poliomyelitis.

SPEECH THERAPY.

Total number of children under treatment during the year	...	110
Total new cases accepted for treatment during the year—		

Under 5	...	...	...	...	...	6
5-15	...	...	...	...	...	46

Detailed classification of defects under treatment:—

Simple Dyslalia (disordered articulation of one or two sounds but speech not unintelligible)	28
--	-----	-----	-----	----

General Dyslalia (disordered articulation of one or two sounds coupled with a language difficulty, e.g., reading, writing or spelling)	5
--	-----	-----	-----	-----	---

Multiple Dyslalia (articulation in which so many sounds are either disordered or omitted that the speech is unintelligible)	26
---	-----	-----	-----	-----	----

Stammering	...	...	...	...	...	40
Stammering and Dyslalia	...	...	...	...	...	3
Cleft palate—having been operated on				...	...	4
Other defects associated with partial deafness, spasticity, etc.	...	...	...	...	...	4
Children discharged from treatment:—						
Speech normal or substantially improved				...	...	14
No improvement	...	...	...	...	...	3
On leaving school	...	...	...	...	...	8
To clinics in other areas	...	...	...	...	...	4
Defaulted	...	...	...	...	...	2

As teachers are only too well aware, there are very many children who embark on their school career under the handicap of defective speech. In some the defect is relatively slight and will, in all probability, right itself without special attention; in others it is so marked that it must constantly impede educational progress. In addition, particularly among older children, an impediment in the speech may have unfortunate psychological and, indeed, social consequences.

The problem of dealing with these children is a responsibility firmly placed on the school health service; unfortunately it is fraught with difficulties. The specialised training held to be necessary occupies three years and as a result the supply of speech therapists in the country as a whole is never likely to equal the demand. The treatment of the individual child is itself a lengthy business and must be carried out amid suitable surroundings. As a consequence the child may be required to attend at a relatively distant clinic for a period of many months; of the 14 cases discharged during the year with normal speech, the average period of treatment was 11.9 months and the average number of attendances 22.4. In certain circumstances it may be admitted that difficulties of travel prevent children receiving treatment which they require, and which their parents would otherwise gladly wish them to receive.

By careful selection of cases and their systematic review, every effort is made to keep the waiting list down so that children urgently needing treatment do not have to wait unduly long. There is, however, a limit to what can be achieved by these methods and it would be wrong to suggest that the problem of defective speech in a town the size of Ipswich is one that can be dealt with by a single speech therapist working unaided.

CHILD GUIDANCE CLINIC.

The following section has been compiled from information supplied by the Consultant Psychiatrist.

Total Number of New Cases seen	...	...	104
Children of School Age	...	...	67
Referred through School Medical Officer	...	...	44
Cases under Treatment at the end of the year	...	...	60
Cases on Waiting List	...	...	3

Age and Sex Distribution.

Age	...	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Boys	...	—	1	2	6	5	6	9	5	6	1	10	2	2	3	3	4
Girls	...	2	4	1	—	2	7	3	4	2	4	1	3	3	3	—	—
Total	...	2	5	3	6	7	13	12	9	8	5	11	5	5	6	3	4

Although the Clinic is now entirely under the control of the Hospital Management Committee, co-operation with the School Health Service has remained close and head teachers' reports have been requested in the case of most of the school children referred.

A notable advance during the year has been the virtual elimination of the waiting list—and this despite the fact that parents are more fully aware of the help that can be given them in dealing with behaviour problems in children.

MISCELLANEOUS.

(a) EMPLOYMENT OF CHILDREN.

- (i) (Section 18 of Children and Young Persons Act, 1933), chiefly in connection with the sale of newspapers.

Total number of medical examinations during the year	...	...	...	...	...	379
Number passed on first examination	...	...	...	...	...	357
Number passed following treatment	...	...	...	...	...	18
Number refused	...	...	...	...	...	4

- (ii) (Section 22 of Children and Young Persons Act, 1933), with reference to the taking part in entertainments 14

- (b) Medical Officers of the department provide General Medical Services for the children at Freelands Nursery and the Children's Home, 158, Foxhall Road (approx. 55).

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING SPECIAL SCHOOLS).

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.

Entrants	...	...	...	...	1,791
Second Age Group	...	...	...	...	1,672
Third Age Group	...	...	...	...	1,079
Total					4,542

Number of other Periodic Inspections

Grand Total ... 4,542

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	6,846
Number of Re-Inspections	...	...	11,134
Total			17,980

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

GROUP. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table II.A. (3)	Total individual pupils. (4)
Entrants ...	31	145	173
Second Age Group ...	76	87	158
Third Age Group ...	48	45	92
Total (prescribed groups)	155	277	423
Other Periodic Inspections ...	—	—	—
GRAND TOTAL ...	155	277	423

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL
INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1950.

Defect Code No.	Defect or Disease. (1)	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects.	
		Requiring treatment.	Requiring to be kept under ob- servation, but not re- quiring treatment.	Requiring treatment.	Requiring to be kept under ob- servation, but not re- quiring treatment.
		(2)	(3)	(4)	(5)
4	Skin	23	55	391	16
5	Eyes—				
	(a) Vision	155	156	85	32
	(b) Squint	25	20	14	1
	(c) Other	9	16	183	12
6	Ears—				
	(a) Hearing	6	19	7	7
	(b) Otitis Media	—	20	10	4
	(c) Other	3	13	120	8
7	Nose or Throat	57	327	411	135
8	Speech	20	17	41	13
9	Cervical glands	2	82	28	51
10	Heart & Circulation	1	87	2	47
11	Lungs	11	106	19	60
12	Developmental—				
	(a) Hernia	3	10	2	5
	(b) Other	1	20	2	1
13	Orthopaedic—				
	(a) Posture	14	49	7	33
	(b) Flat Foot	38	108	16	23
	(c) Other	60	186	30	59
14	Nervous System—				
	(a) Epilepsy	1	—	1	—
	(b) Other	1	8	5	11
15	Psychological—				
	(a) Development	3	25	1	2
	(b) Stability	1	25	5	5
16	Other	10	104	2,945	88

B.—CLASSIFICATION OF THE GENERAL CONDITION OF
PUPILS INSPECTED DURING THE YEAR IN THE AGE
GROUPS.

Age Groups.	No. of Pupils Inspected.	A. (Good).		B. (Fair.)		C. (Poor).	
		No.	% of col. 2.	No.	% of col. 2.	No.	% of col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1,791	1,009	56.34	751	41.93	31	1.73
Second Age Group	1,672	671	40.13	947	56.64	54	3.23
Third Age Group ...	1,079	516	47.82	519	48.10	44	4.08
Other Periodic Inspections ...	—	—	—	—	—	—	—
Total	4,542	2,196	48.35	2,217	48.81	129	2.84

TABLE III.

INFESTATION WITH VERMIN.

- (i) Total number of examinations in the schools by the school nurses or other authorised persons ... 41,731
- (ii) Total number of *individual* pupils found to be infested 914
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944) —
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944) —

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING
SPECIAL SCHOOLS).

GROUP 1.—DISEASES OF THE SKIN (excluding uncleanness,
for which see Table III.)

				Number of cases treated or under treatment during the year	
				By the Authority	Otherwise
Ringworm: (i) Scalp	...	...	...	—	—
(ii) Body	...	...	...	5	—
Scabies ...	...	...	...	13	—
Impetigo	...	...	...	51	—
Other skin diseases	...	...	...	351	—
Total	...	...	...	420	—

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND
SQUINT.

				Number of cases dealt with	
				By the Authority	Otherwise
External and other, excluding errors of refraction and squint	...	...	...	237	—
Errors of Refraction (including squint)	...	...	...	—	476
Total	...	...	...	237	476
Number of pupils for whom spectacles were—					
(a) Prescribed	...	...	...	—	320
(b) Obtained	...	...	...	—	307
Total	...	...	...	—	627

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment—		
(a) for diseases of the ear ...	—	—
(b) for adenoids and chronic tonsillitis ...	—	—
(c) for other nose and throat conditions ...	—	—
Received other forms of treatment ...	132	—
Total ...	132	—

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals ...	—	
	By the Authority	Otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient departments ...	—	—

GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics ...	—	91

GROUP 6.—SPEECH THERAPY.

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists	101	—

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments ...	3,447	—
(b) Other	—	—
Total ...	3,447	—

NOTE:—

In view of the fact that it has not, up to the present, been possible to arrange with the Ipswich Hospital Management Committee for the submission of information to the Local Authority in respect of all schoolchildren receiving treatment in hospitals, it is not possible to give any reliable information in Groups 1, 3, 4 and 7 of Table IV regarding treatment carried out otherwise than by the Local Authority.

TABLE V.
DENTAL INSPECTION AND TREATMENT
CARRIED OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers.			
	(a) Periodic age groups	...	...	8,304
	(b) Specials	...	...	2,179
	Total	...	...	10,483
(2)	Number found to require treatment			7,325
(3)	Number referred for treatment			7,325
(4)	Number actually treated			5,130
(5)	Attendances made by pupils for treatment			8,699
(6)	Half-days devoted to: (a) Inspection			83
	(b) Treatment			1,178
	Total	...	...	1,261
(7)	Fillings	Permanent Teeth	...	5,740
		Temporary Teeth	...	379
	Total	...	...	6,119
(8)	Number of teeth filled:	Permanent Teeth	...	4,837
		Temporary Teeth	...	340
	Total	...	...	5,177
(9)	Extractions	Permanent Teeth	...	952
		Temporary Teeth	...	6,310
	Total	...	...	7,262
(10)	Administration of general anaesthetics for extraction			3,447
(11)	Other operations	(a) Permanent Teeth	...	904
		(b) Temporary Teeth	...	350
	Total	1,254

154

154

ANTE AND POST NATAL, 1950

ANTE-NATAL																		POST-NATAL																		TOTAL																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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EXAMINATIONS MADE BY MEDICAL OFFICERS, 1950

		ELM STREET.										BRANCH CLINIC.										WHITTON CLINIC.										ALLINGTON HOUSE.										TOTAL.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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